HEALTH REPORT

FOR THE

CITY OF NEWARK, N. J.

1954

LEO P. CARLIN, MAYOR

LEWIS B. BLAN, Acting Director,
Dept. of Health & Welfare

DIVISION OF HEALTH

AARON H. HASKIN, M.D., M.P.H.
Health Officer.

CITY OF NEWARK, NEW JERSEY
LEO P. CARLIN, MAYOR
Department of Health & Welfare
DIVISION OF HEALTH
PLANE AND WILLIAM STREETS
NEWARK 2, N. J.

JOHN S. FLOCKHART
BUSINESS ADMINISTRATOR

AARON H. HASKIN, M.D., M.P.H.
HEALTH OFFICER

March 1, 1955.

Hon. Leo P. Carlin, Mayor

and Members of the City Council

City of Newark, N. J.

Gentlemen:

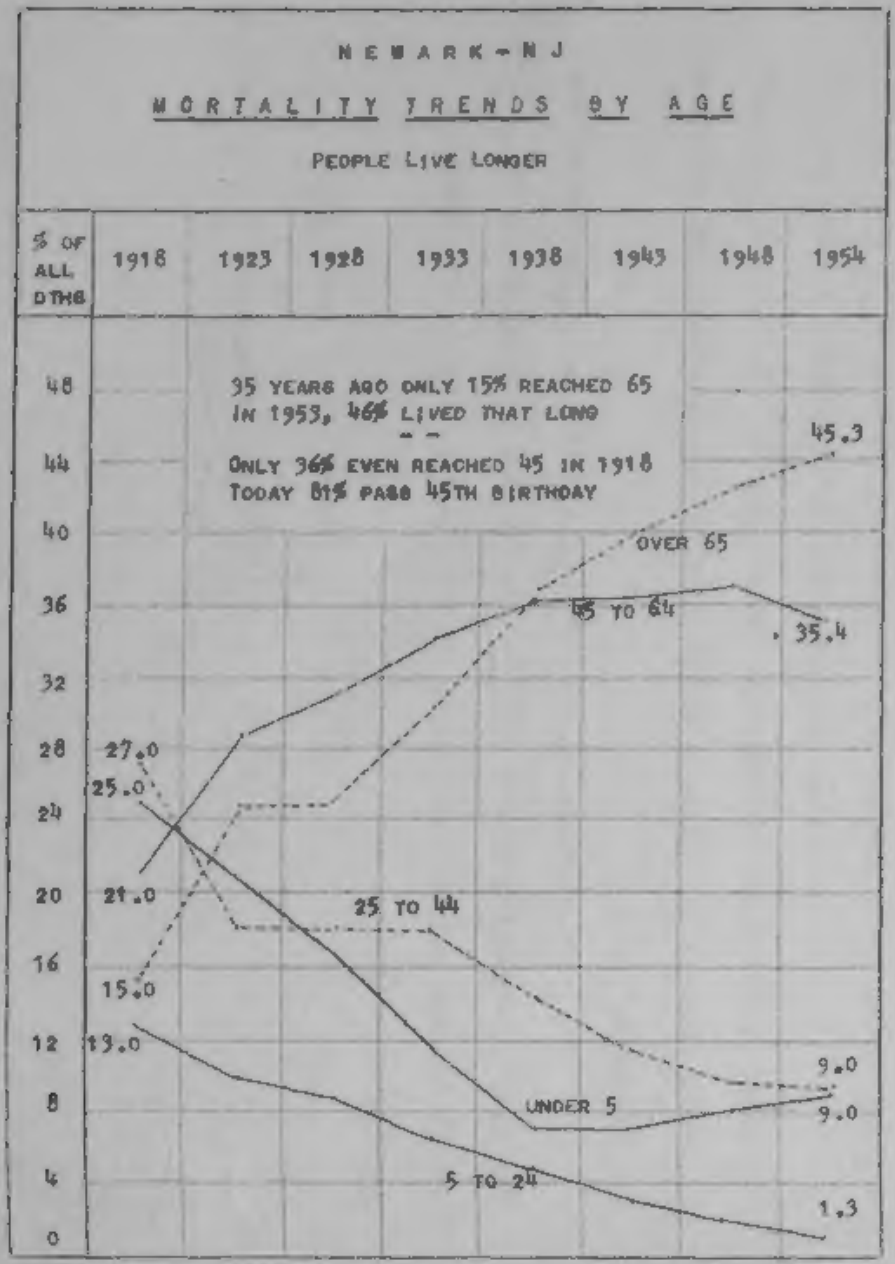
In submitting my first report to you under the new administration, it is particularly gratifying to report that Newark enjoyed during 1954, another year of excellent health.

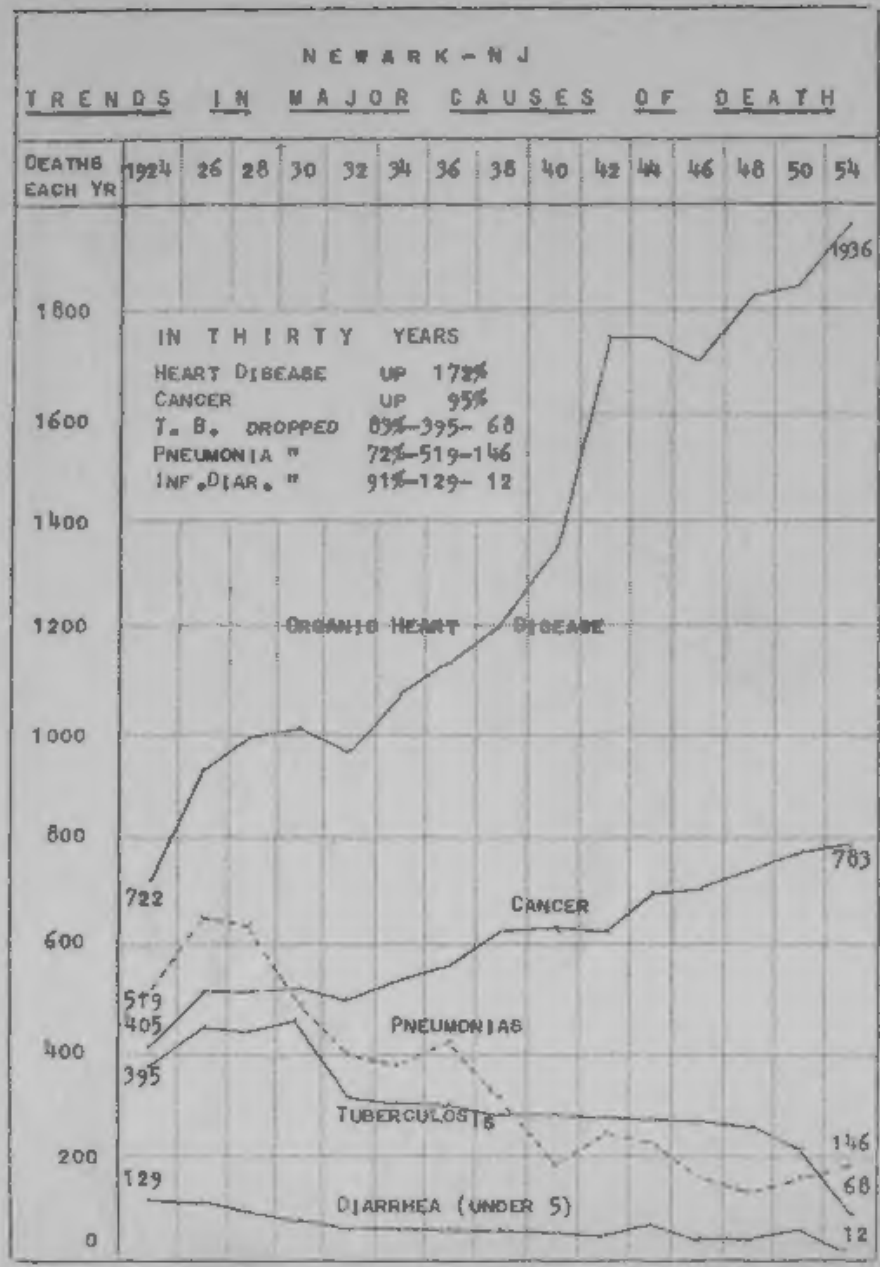
We had no prevalence of any contagious disease and our major health rates continued to be outstanding. In fact, Tuberculosis mortality dropped far below even the previous low record, or 55% reduction in two years.

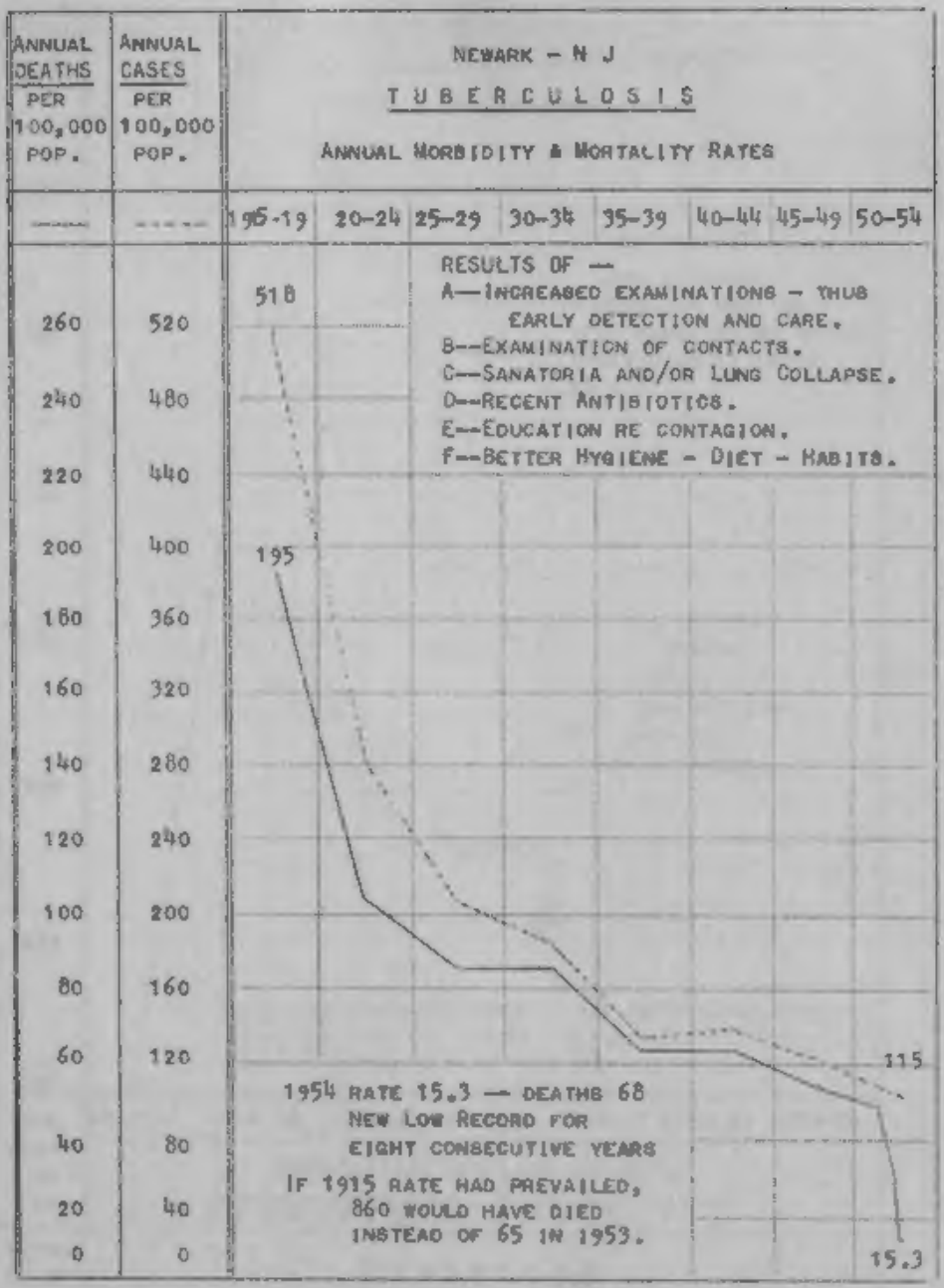
Although we are proud of our health program and of its results, considerable credit must be given to the cooperation of the general public and the medical profession, as well as the many private agencies working with us.

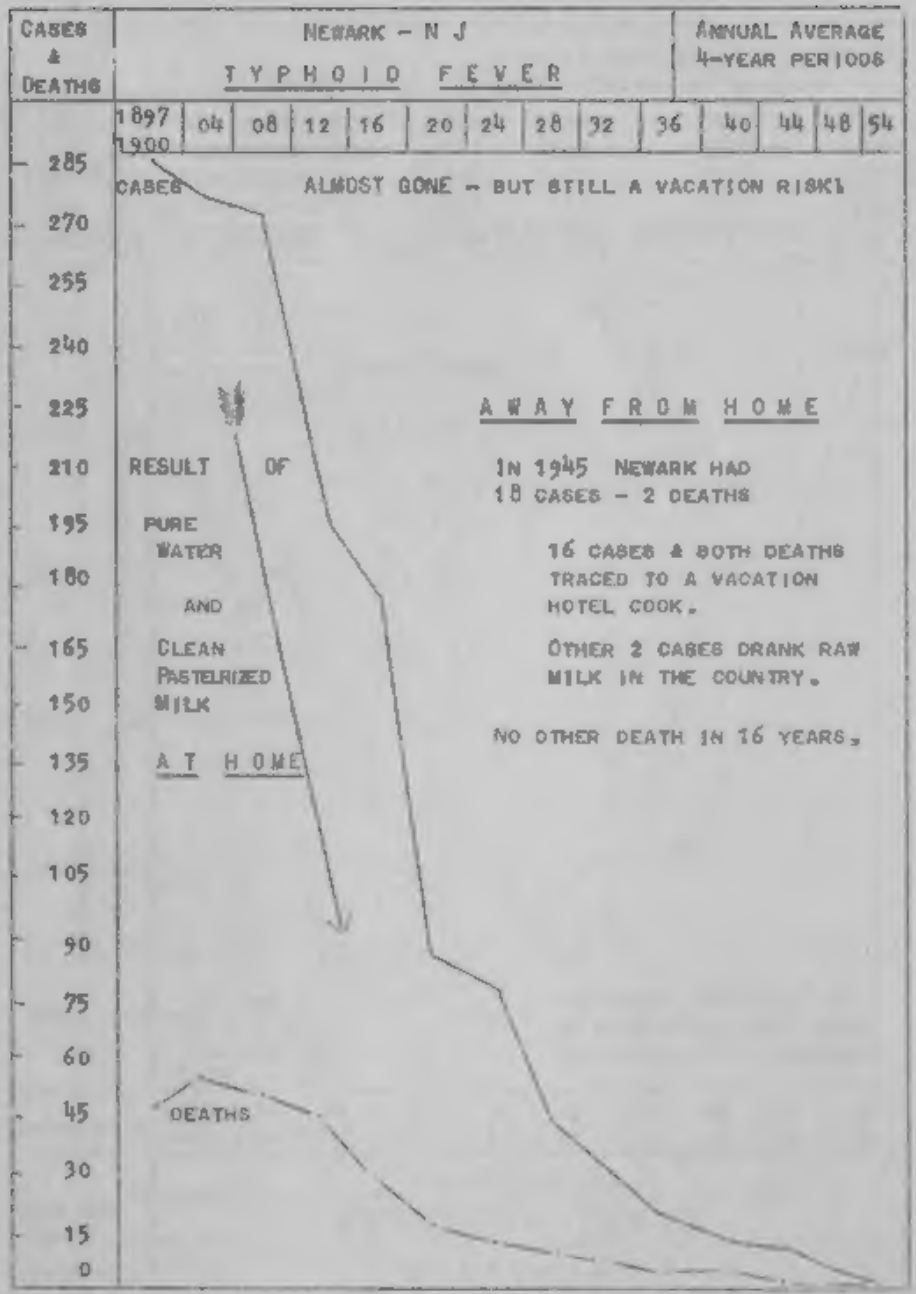
Respectfully submitted,

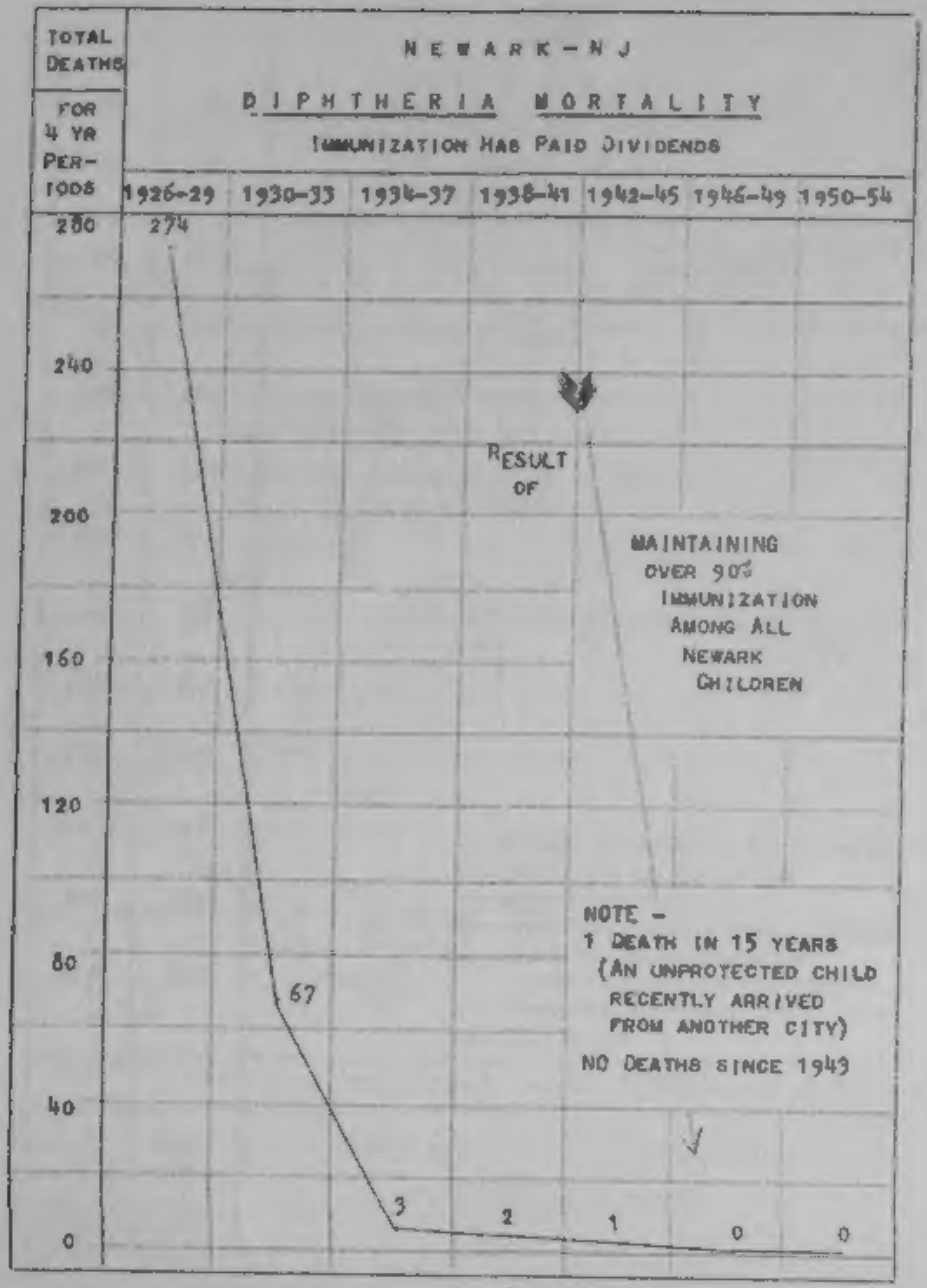
A. H. Haskin M.D., M.P.H.
HEALTH OFFICER

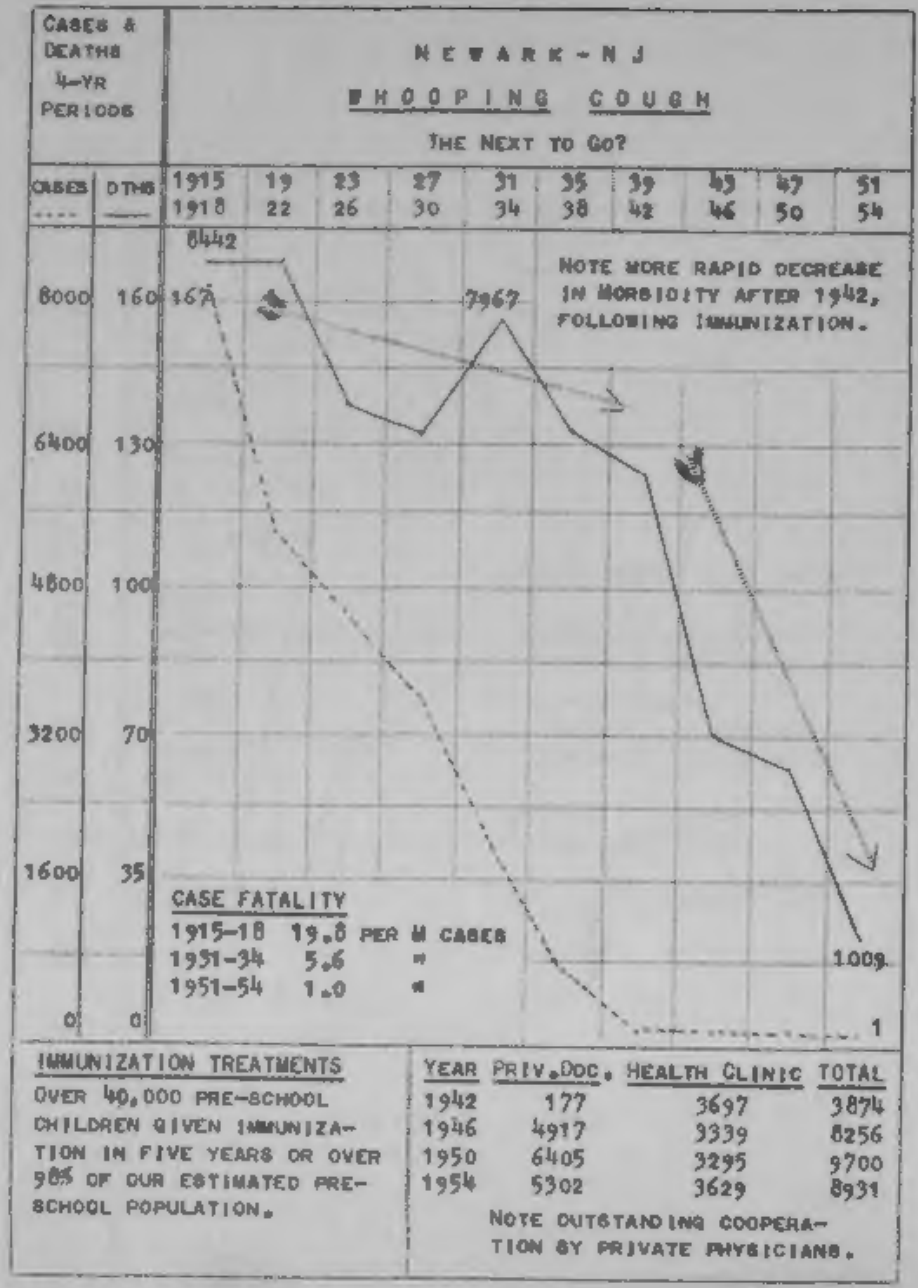

NEWARK - NJ
MORTALITY TRENDS BY AGE
PEOPLE LIVE LONGER
% OF ALL DTHS
1918
1923
1928
1933
1938
1943
1948
1954
35 YEARS AGO ONLY 15% REACHED 65
IN 1953, 46% LIVED THAT LONG
ONLY 36% EVEN REACHED 45 IN 1918
TODAY 81% PASS 45TH BIRTHDAY
OVER 65
45 TO 64
25 TO 44
5 TO 24
UNDER 5
45.3
35.4
27.0
25.0
21.0
15.0
13.0
9.0
9.0
1.3
48
44
40
36
32
28
24
20
16
12
8
4
0

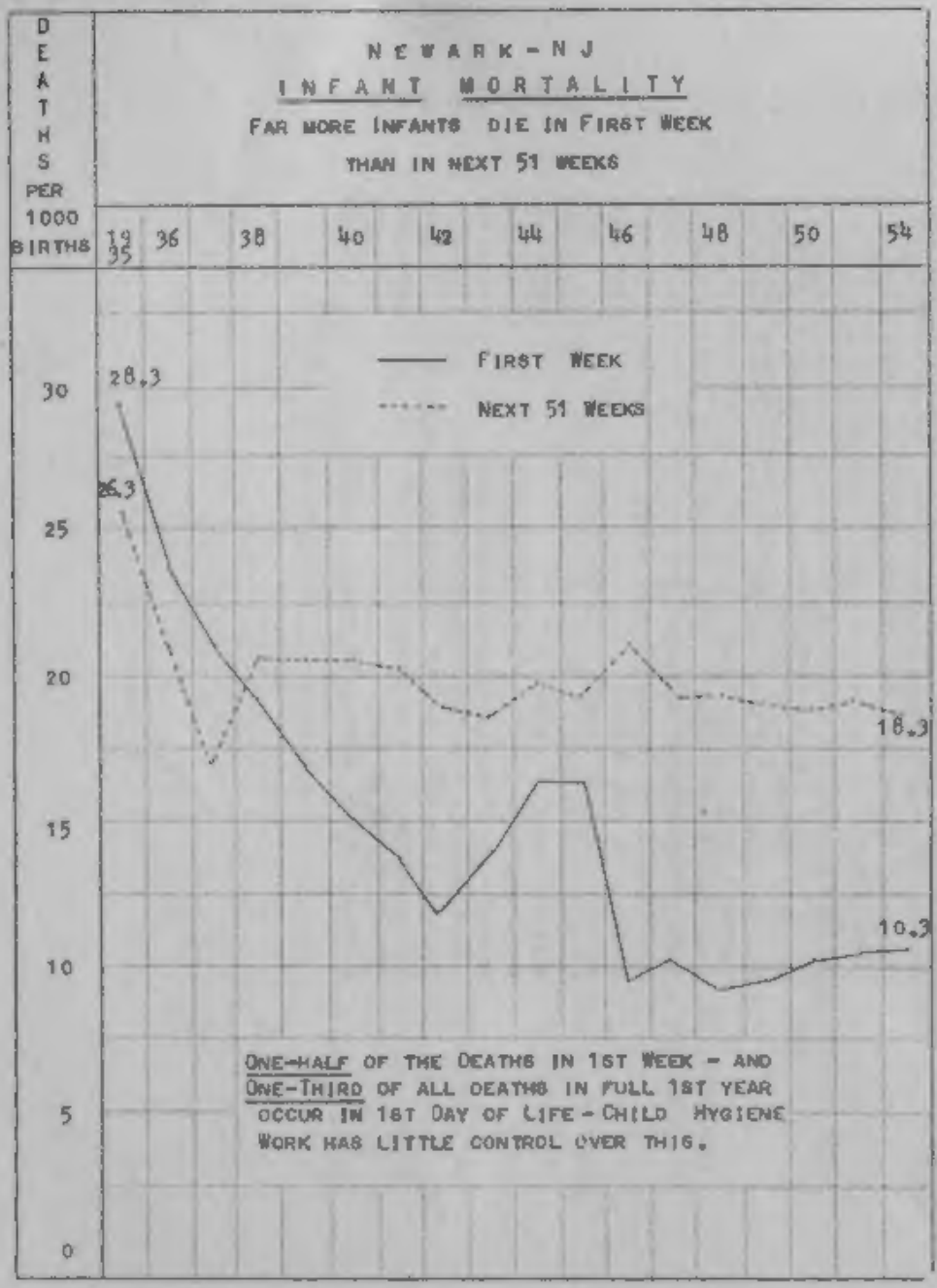

NEWARK - NJ
TRENDS IN MAJOR CAUSES OF DEATH
DEATHS EACH YR
1924
26
28
30
32
34
36
38
40
42
44
46
48
50
54
IN THIRTY YEARS
HEART DISEASE UP 172%
CANCER UP 95%
T. B. DROPPED 83%-395-68
PNEUMONIA " 72%-519-146
INF. DIAR. " 91%-129-12
ORGANIC HEART DISEASE
CANCER
PNEUMONIAS
TUBERCULOSIS
DIARRHEA (UNDER 5)
1936
783
722
519
405
395
146
68
129
12
1800
1600
1400
1200
1000
800
600
400
200
0

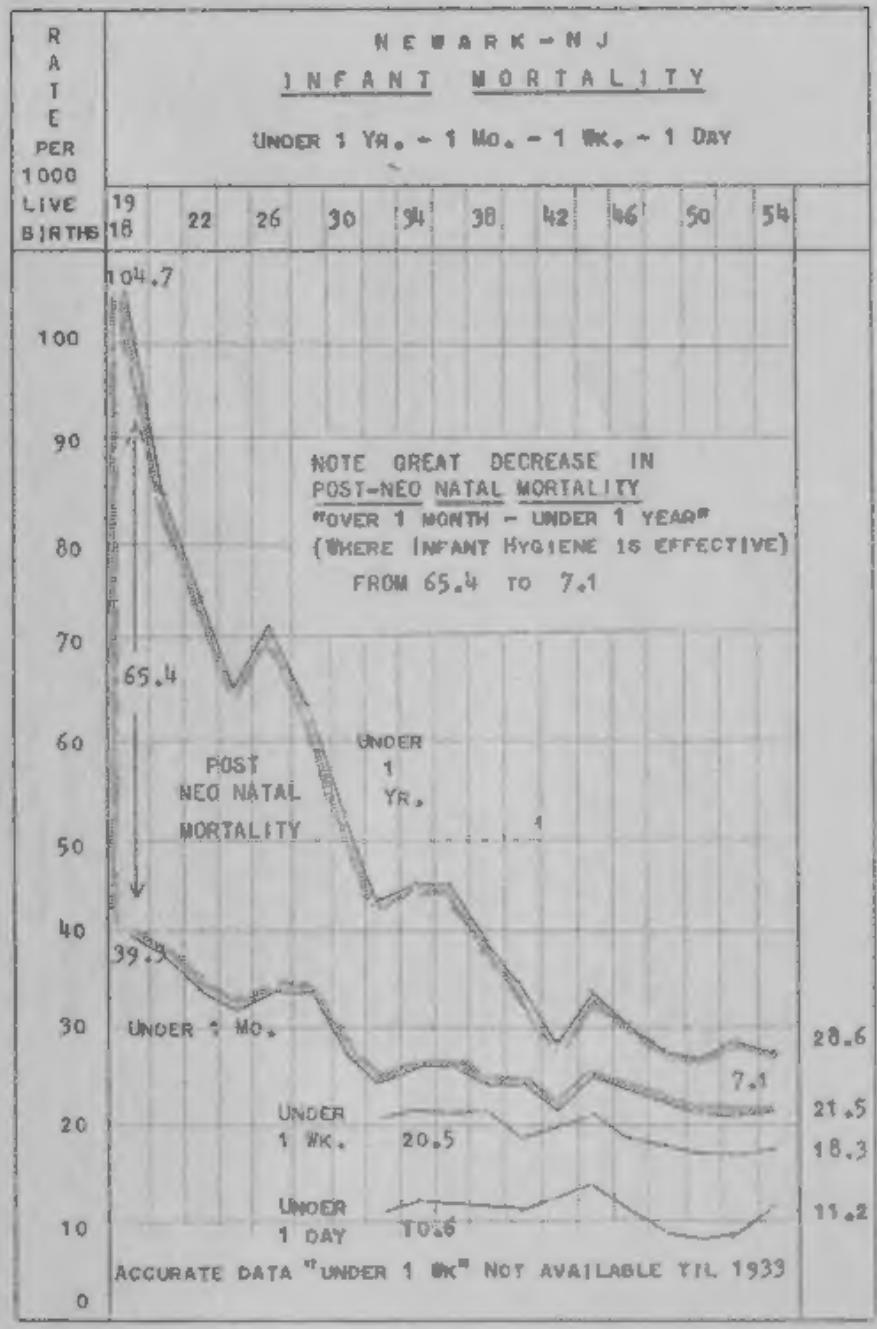

ANNUAL DEATHS PER 100,000 POP.
ANNUAL CASES PER 100,000 POP.
NEWARK - N J
TUBERCULOSIS
ANNUAL MORBIDITY & MORTALITY RATES
15-19
20-24
25-29
30-34
35-39
40-44
45-49
50-54
260
240
220
200
180
160
140
120
100
80
60
40
20
0
520
480
440
400
360
320
280
240
200
160
120
80
40
0
518
195
115
15.3
RESULTS OF —
A—INCREASED EXAMINATIONS - THUS EARLY DETECTION AND CARE.
B--EXAMINATION OF CONTACTS.
C--SANATORIA AND/OR LUNG COLLAPSE.
D--RECENT ANTIBIOTICS.
E--EDUCATION RE CONTAGION.
F--BETTER HYGIENE - DIET - HABITS.
1954 RATE 15.3 — DEATHS 68
NEW LOW RECORD FOR EIGHT CONSECUTIVE YEARS
IF 1915 RATE HAD PREVAILED, 860 WOULD HAVE DIED INSTEAD OF 65 IN 1953.


CASES & DEATHS
NEWARK - N J
TYPHOID FEVER
ANNUAL AVERAGE 4-YEAR PERIODS
1897 1900
04
08
12
16
20
24
28
32
36
40
44
48
54
285
270
255
240
225
210
195
180
165
150
135
120
105
90
75
60
45
30
15
0
CASES
DEATHS
ALMOST GONE - BUT STILL A VACATION RISK!
RESULT OF
PURE WATER
AND
CLEAN PASTEURIZED MILK
AT HOME
AWAY FROM HOME
IN 1945 NEWARK HAD 18 CASES - 2 DEATHS
16 CASES & BOTH DEATHS TRACED TO A VACATION HOTEL COOK.
OTHER 2 CASES DRANK RAW MILK IN THE COUNTRY.
NO OTHER DEATH IN 16 YEARS.


TOTAL DEATHS FOR 4 YR PERIODS
NEWARK - N J
DIPHTHERIA MORTALITY
IMMUNIZATION HAS PAID DIVIDENDS
1926-29
1930-33
1934-37
1938-41
1942-45
1946-49
1950-54
280
240
200
160
120
80
40
0
274
67
3
2
1
0
0
RESULT OF
MAINTAINING OVER 90% IMMUNIZATION AMONG ALL NEWARK CHILDREN
NOTE -
1 DEATH IN 15 YEARS
(AN UNPROTECTED CHILD RECENTLY ARRIVED FROM ANOTHER CITY)
NO DEATHS SINCE 1949


CASES & DEATHS 4-YR PERIODS
NEWARK - N J
WHOOPING COUGH
THE NEXT TO GO?
CASES
DTHS
1915 19 23 27 31 35 39 43 47 51
1918 22 26 30 34 38 42 46 50 54
8000
6400
4800
3200
1600
0
160
130
100
70
35
0
8442
167
7967
1009
1
NOTE MORE RAPID DECREASE IN MORBIDITY AFTER 1942, FOLLOWING IMMUNIZATION.
CASE FATALITY
1915-18 19.8 PER M CASES
1951-34 5.6 "
1951-54 1.0 "
IMMUNIZATION TREATMENTS
OVER 40,000 PRE-SCHOOL CHILDREN GIVEN IMMUNIZATION IN FIVE YEARS OR OVER 90% OF OUR ESTIMATED PRE-SCHOOL POPULATION.
YEAR PRIV.DOC. HEALTH CLINIC TOTAL
1942 177 3697 3874
1946 4917 3339 8256
1950 6405 3295 9700
1954 5302 3629 8931
NOTE OUTSTANDING COOPERATION BY PRIVATE PHYSICIANS.


DEATHS PER 1000 BIRTHS
NEWARK - N J
INFANT MORTALITY
FAR MORE INFANTS DIE IN FIRST WEEK
THAN IN NEXT 51 WEEKS
1935
36
38
40
42
44
46
48
50
54
30
25
20
15
10
5
0
28.3
26.3
18.3
10.3
FIRST WEEK
NEXT 51 WEEKS
ONE-HALF OF THE DEATHS IN 1ST WEEK - AND
ONE-THIRD OF ALL DEATHS IN FULL 1ST YEAR
OCCUR IN 1ST DAY OF LIFE - CHILD HYGIENE
WORK HAS LITTLE CONTROL OVER THIS.


RATE PER 1000 LIVE BIRTHS
NEWARK - N J
INFANT MORTALITY
UNDER 1 YR. - 1 MO. - 1 WK. - 1 DAY
1918
22
26
30
34
38
42
46
50
54
100
90
80
70
60
50
40
30
20
10
0
104.7
65.4
39.3
7.1
20.5
10.6
28.6
21.5
18.3
11.2
NOTE GREAT DECREASE IN
POST-NEO NATAL MORTALITY
"OVER 1 MONTH - UNDER 1 YEAR"
(WHERE INFANT HYGIENE IS EFFECTIVE)
FROM 65.4 TO 7.1
POST NEO NATAL MORTALITY
UNDER 1 YR.
UNDER 1 MO.
UNDER 1 WK.
UNDER 1 DAY
ACCURATE DATA "UNDER 1 WK" NOT AVAILABLE TIL 1933

INDEX

WHAT YOUR HEALTH BUDGET PURCHASES

Some people do not realize the many valuable services paid for by the Health Division Budget. Too often it is felt that we merely investigate neighborhood nuisances or placard for contagious disease. Following is some of the work made possible by our budget.

NOT ONLY - Environmental Sanitation; Dog and Rabies Control; Infant Boarding Home Supervision; supervision and study of Vital Statistics; and many others -

BUT ALSO

1 - MEDICAL CARE OF THE POOR - Approximately $375,000 is spent in the medical care of the poor - clinic treatements, home doctor and nurse treatments, etc.

CURING THE SICK KEEPS THEM OFF THE RELIEF ROLL

2 - DISEASE CONTROL AND PREVENTION - Thousands of screen-testing chest x-rays and blood tests for early detection of Tuberculosis and Syphilis cases which would be a hazard to the entire public--CURE IS ALSO POSSIBLE IN EARLY STAGES. Isolation and quarantines for contagion and campaign for immunization against Diphtheria, Whooping Cough and Smallpox.

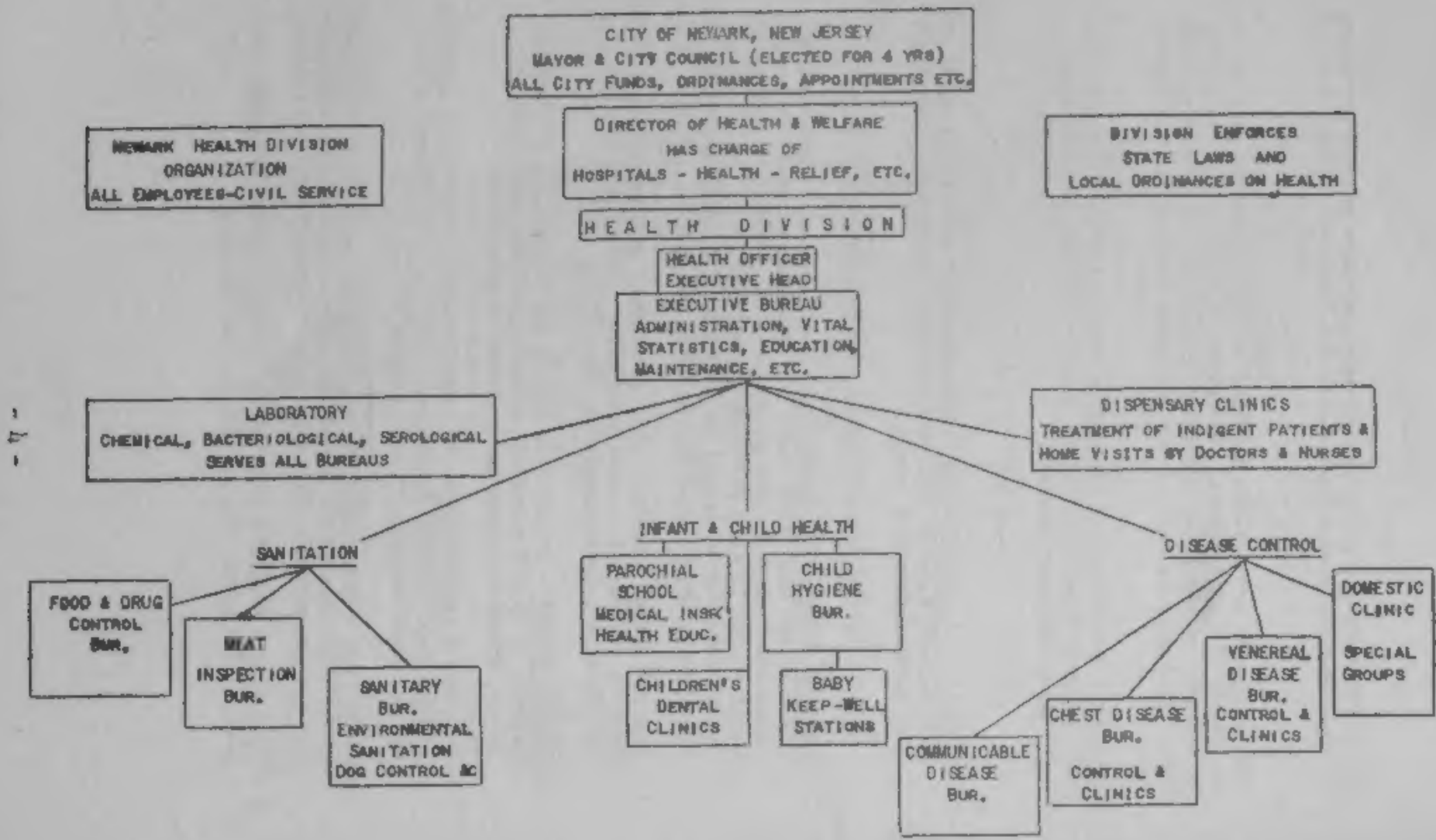
3 - HEALTHY BABIES - Mothers visited monthly to insure proper care, even to instruct in behavior problems which often lead to warped mental developments in adult life.

4 - SCHOOL HEALTH - Insure good health and correction of physical defects in 15,500 parochial school children, as is done for public school children by the Board of Education.

5 - CHILDREN'S DENTAL CARE - Free treatments in Dispensary and nine neighborhood clinics for approximately 7,000 different public and parochial school children unable to pay.

6 - CLEAN FOOD - Secure maximum sanitation in every food establishment, where the public has no other protection, plus compulsory lecture courses for restaurant help to prevent food infections.

7 - PURE MILK - Insure a pure supply of milk; 2,000,000 quarts per week. (The major food of infants and children).


CITY OF NEWARK, NEW JERSEY
MAYOR & CITY COUNCIL (ELECTED FOR 4 YRS)
ALL CITY FUNDS, ORDINANCES, APPOINTMENTS ETC.
NEWARK HEALTH DIVISION
ORGANIZATION
ALL EMPLOYEES-CIVIL SERVICE
DIRECTOR OF HEALTH & WELFARE
HAS CHARGE OF
HOSPITALS - HEALTH - RELIEF, ETC.
DIVISION ENFORCES
STATE LAWS AND
LOCAL ORDINANCES ON HEALTH
HEALTH DIVISION
HEALTH OFFICER
EXECUTIVE HEAD
EXECUTIVE BUREAU
ADMINISTRATION, VITAL
STATISTICS, EDUCATION,
MAINTENANCE, ETC.
LABORATORY
CHEMICAL, BACTERIOLOGICAL, SEROLOGICAL
SERVES ALL BUREAUS
DISPENSARY CLINICS
TREATMENT OF INDIGENT PATIENTS &
HOME VISITS BY DOCTORS & NURSES
SANITATION
INFANT & CHILD HEALTH
DISEASE CONTROL
FOOD & DRUG
CONTROL
BUR.
MEAT
INSPECTION
BUR.
SANITARY
BUR.
ENVIRONMENTAL
SANITATION
DOG CONTROL &C
PAROCHIAL
SCHOOL
MEDICAL INSP.
HEALTH EDUC.
CHILD
HYGIENE
BUR.
CHILDREN'S
DENTAL
CLINICS
BABY
KEEP-WELL
STATIONS
COMMUNICABLE
DISEASE
BUR.
CHEST DISEASE
BUR.
CONTROL &
CLINICS
VENEREAL
DISEASE
BUR.
CONTROL &
CLINICS
DOMESTIC
CLINIC
SPECIAL
GROUPS

DIVISION OF HEALTH

Newark, N. J.

HEALTH OFFICER ---------- Aaron H. Haskin, M.D.,M.P.H.

ASST. HEALTH OFFICER	DEPUTY HEALTH OFFICER	ASST. HEALTH OFFICER
Robert F. Morgan	Pascal J. Baiocchi, M.D.	Joseph E. Connolly
Administration		Food & Drug Bur.

Medical and Dental Bureau Heads

CHILD HYGIENE	CONTAGION	CHEST DISEASES
Julius Levy, M.D.	Joseph A. Cardam, M.D.	Irving Willner, M.D.
VENEREAL DISEASE	**OCCUPATIONAL**	**DENTAL**
Edmond Adelson, M.D.	William T. Rumage, M.D.	J. F. W. Guthrie, D.D.S.

* * * * * *

INDUSTRIAL HYGIENE ENGINEER	CHIEF VETERINARIAN	SUPV. OF CHEMICAL LAB.
Jacob M. Block, B.S., M.S.	John Levine, D.V.S.	Nicholas D'Auria, B.A.
CHIEF SUPV. OF LABTS.	**CHIEF PHARMACIST**	**SUPV. OF SEROLOGICAL LAB.**
Carl Cordasco, B.S., Ph.G.	Oscar B. Stevens, Ph.G.	Meyer Levy, B.S.

Chief Inspector, SANITATION	Edward A. Smith
Chief Inspector, CONTAGION	William S. Jennings
Chief Inspector, FOOD & DRUG	David B. Morgan
Chief Inspector, MEAT INSPECTION	Joseph Hearl
Director, Pub. Health Nursing Serv.	Melvina H. Ryan, R.N.
Supervisor, Child Hygiene Nurses	Meredith Ehrich, R.N.
Supervisor, Tuberculosis Nurses	Frances Plugosz, R.N.
Supervisor, Parochial School Nurses	Mary Koban, R.N.
Supervisor, Visual Health Education	Peter Coven

HEALTH REPORT 1954

NEWARK, N. J.

Aaron H. Haskin, M.D., M.P.H. - Health Officer

To Honorable Leo P. Carlin, Mayor, Members of the City Council

and to the Citizens of Newark, N. J.

NEWARK'S HEALTH -- 1954

The City of Newark again enjoyed good health during 1954 with excellent health rates (Tuberculosis was the lowest ever and infant mortality continued under 30 per M births) and we had no prevalence of major contagious disease. Although we are proud of our health program and its results, considerable credit is again due the cooperation of the general public and the medical profession, as well as many private agencies working with us.

There were 5,089 deaths from all causes including 1,062 non-resident deaths (mostly in Newark hospitals), a reduction of 298 less deaths than in 1953. Based on an estimated population of 443,000, this gives a crude mortality rate of 11.5 per thousand, a slight decrease from the eleven-year normal of 11.7 and the 1953 rate of 12.2. Practically every major cause of death showed a reduction including the degenerative conditions where we, naturally, expect increases due to the increasing span of life.

For example, organic heart disease causes almost 40% of all deaths and of those 1,936 deaths, more than 50% had passed their 65th birthday. Even that cause showed a slight drop from 1,963 the previous year. Cancer fell from 828 to 783, the lowest in six years; Apoplexy from 493 to 424, the lowest in ten years; Bright's Disease from 241 to 213, the lowest in thirteen years. The most encouraging drop was Tuberculosis (all forms) from 97 to 68. Even accidental deaths fell from 228 to 179, the second lowest ever recorded by this division.

There were 14,404 births or a crude rate of 32.5 per thousand, only exceeded by the record high of 33.1 in 1947. The birth rate usually increases during war-time and then tapers off. Following the last war, however, we have continued at a high point for several years. Adjusted rate is naturally much lower (see births).

ITEMS OF SPECIAL INTEREST

TUBERCULOSIS MORTALITY
Lowest ever

This is the eighth consecutive year in which Tuberculosis mortality has established a new record low rate. There were 68 such deaths (lowest ever) or a rate of 15.3 per hundred thousand, 70% lower than the rate for six years ago which was a record low then.

In measuring the health of a community, Tuberculosis mortality is one of the first rates to consider inasmuch as it is so directly affected by poor living conditions, malnutrition, overcrowding, low income and general health knowledge by the public. Fortunately, the disease requires frequent exposure to spread, but surely in overcrowded slum conditions, such intimate contact must be increased. The rate is, therefore, always high in such sections. That is why this rate is much higher among Negroes in large northern cities due to unfortunate housing and economic handicaps. We find that the rate among Negroes has been reduced from 388 in 1936 to 284 in 1942, 187 in 1947 and to 45.0 in 1954 (lowest ever) or a reduction of 85% in sixteen years and over 50% in three years.

INFANT MORTALITY
28.6 per 1000 births

Infant mortality, like Tuberculosis mortality, is one of the outstanding measuring rods of public health. There were 412 deaths under one year among 14,404 births or a rate of 28.6 per 1000 births. When Child Hygiene work was established in this Division about forty years ago, the rate was over 100. Had that rate continued, there would have been 1,500 infant deaths last year instead of 412. The bulk of mortality reduction has been in intestinal disease and contagious and respiratory diseases. Intestinal causes averaged 250 then, today only 11. Contagion and respiratory diseases averaged 320 deaths then, today less than 30. The other main cause of infant mortality has, naturally, decreased much less. Congenital conditions averaged 38 per 1000 births, today about 23.

CARE OF THE SICK POOR

Among the fields of public service carried out by the Health Division but not realized by the average public, is care of the sick poor. A major portion of our entire budget (more than 20%, or $375,000) is used for the medical care of the sick poor. This includes all of that work other than care of patients actually in hospitals. It provided more than 5,000 visits to homes by physicians, and incidentally the family had their choice of physicians; and 4,205 home visits by nurses of the Visiting Nurse Association were paid by us. We conduct a City Dispensary providing treatment for practically every condition, with 69,000 treatments and 57,856 free prescriptions. Dental clinics are provided not only for adults but for all poor children in this City including both public and parochial school children. These dental clinics for children are located in ten different nighborhoods of the City.

INFANT MENTAL HYGIENE

Our Child Hygiene Nurses made 92,315 home calls at which they not only see that the mother has the services of a pediatrician, or visits a Baby-Station if they cannot afford to pay a doctor, but also to instruct as to diet, sanitary feeding practices, immunization and many other physical matters. The nurses supervised 8,237 babies. They even instruct the mothers so that they may recognize and properly handle unusual behavior problems, which, if not handled intelligently and scientifically, would often result in juvenile delinquency and warped adult personalities. All those nurses have college training in that special field. This anticipatory guidance program is both by individual visits and by group instruction. This work is particularly important for infants placed in foster

homes, of which there is, unfortunately, a definite shortage of homes with proper facilities. All such homes must be approved by our Child Hygiene Division.

FOOD HANDLER LECTURES — To prevent food infections, we not only inspect food places, but our Division provides compulsory lecture courses for food handlers which are attended by more than one housand each year.

SLUM, PLUMBING & INDUSTRIAL HYGIENE INSPECTIONS — Under the new administration, July 1, 1954, several major changes were inaugurated. The plumbing bureau and the bulk of the environmental sanitation staff were transferred from the Health Division to a central Division of Inspections, which has heretofore included building inspections, etc. We still retain a small staff to regulate environmental sanitation (rehabilitation of structures or slum clearance was transferred to the Inspections Division as was also the work of the Industrial Hygiene Bureau with several inspectors and two nurses.

VITA STATISTICS — Another change made early this year was the designation of the Health Officer as Registrar of Vital Statistics. Heretofore, the Registrar was the City Clerk. With the change in March, a staff of twelve employees was transferred to the Health Division. They are still located in the City Hall, due to the space needed for storing in fireproof vaults, all the old birth and death record volumes. This old book entry method was changed a few years ago. Such records are micro-filmed thus requiring only one per cent of the space and greatly increasing efficiency in securing old records.

GENERAL MORTALITY

Deaths from all causes numbered 5,089 or a rate of 11.5 per thousand. This is a decrease of 298 from the 5,387 deaths and a rate of 12.2 in 1953. As Newark is a hospital center for many communities, non-resident deaths in Newark far exceed the deaths of Newarkers dying out of town. If we subtract 1,062 non-resident deaths but include 33 known deaths in outside institutions, we have a total of 4,027 or an adjusted rate of 9.1, lowest on record.

CRUDE AND ADJUSTED DEATH RATES

Year	Population	Crude Deaths	Crude Death Rate	Adjusted Deaths	Adjusted Death Rate
1940	429,000	5,025	11.7	4,762	11.1
1941	429,000	4,983	11.6	4,415	10.3
1942	429,000	5,090	11.9	4,659	10.8
1943	440,000	5,523	12.6	5,043	11.5
1944	440,000	5,052	11.6	4,535	10.3
1945	443,000	5,141	11.6	4,586	10.4
1946	443,000	4,937	11.1	4,395	9.9
1947	445,000	5,097	11.2	4,411	9.9
1948	445,000	5,222	11.7	4,382	9.8
1949	443,000	5,086	11.5	4,229	9.5
1950	443,000	5,126	11.5	4,292	9.6
1951	443,000	5,161	11.5	4,249	9.6
1952	440,000	5,411	12.3	4,515	10.2
1953	440,000	5,387	12.2	4,389	10.0
1954	443,000	5,089	11.5	4,027	9.1

PRINCIPAL CAUSES OF DEATH

The major causes of Newark deaths including non-residents as well as 33 Tuberculosis deaths of Newarkers in out-of-town sanitoria were as follows:

	1948	1949	1950	1951	1952	1953	1954
Organic Heart Disease	1804	1728	1862	1805	1857	1963	1936
Cancer	780	795	791	795	789	828	783
Apoplexy	485	478	428	399	494	493	424
Congenital Conditions	317	301	293	322	317	299	323
Bright's Disease	276	249	246	259	238	241	213
Pneumonia & Respiratory Diseases	235	243	262	235	274	217	240
Tuberculosis	232	211	209	167	152	97	68

TUBERCULOSIS (lowest ever) The 68 deaths from tuberculosis, all forms, gave a mortality rate of 15.3 per hundred thousand, by far the lowest rate in our history. When the Health Division started Tuberculosis control work about forty years ago, that rate averaged 200. Had the former rate prevailed this year, we would have had 886 deaths instead of 68. The rate is particularly encouraging as it is the eighth consecutive year to set a new low record and is 70% less than the 1948 rate.

HEART DISEASE The major cause of mortality, as usual, was Organic Heart Disease with 1,936 deaths or 40% of all deaths. This is a slight decrease of 27 from the previous year. There seems little doubt that the increase in heart disease mortality, in recent years, is largely due to increased life span. For instance, 1,062 of the heart deaths, or 55% were over 65 years of age. Hysteria and worry, naturally, contribute as this cause reached its peak with 663 in 1918 and then dropped for several years. The depression brought it up to another peak of 1,047 in 1929. World War II brought it to the highest ever in 1943 with 1,975 and then it dropped to 1,663 in 1946. Apparently, the world tension has brought it up again.

DIPHTHERIA There has been no Diphtheria death in Newark in the past eleven years and one case in the past six years. In fact, there have been only 20 cases and 1 death in 14 years. That one death was an unimmunized child who had recently come to Newark. Diphtheria only 25 years ago caused more than 1,000 cases and 100 deaths each year. This is not merely good luck nor a change in the severity of the Diphtheria germs. Our Child Hygiene Nurses urge immunization constantly and our Contagious Disease Inspectors make thousands of visits during the year to secure this protection among children where the parents have been delinquent in completing the treatments. 99.8% of all infants and preschool children have completed immunization treatments.

TYPHOID FEVER A former major cause of illness and death, before pure water and pasteurized milk, was Typhoid Fever, and it is interesting to report there has been no Typhoid death in Newark for nine years and only 86 cases during that time, all of them traced to infection in other parts of the country.

LONGER LIFE - AGE AT DEATH That we are living longer is clearly indicated by a study of age at time of death. In 1954, there were 4,097 out of 5,089 deaths or 80% over 45 years of age. Thirty years ago, only 46%

had reached that age. This year 45% of all deaths had actually passed the age of 65 compared with 22% thirty years ago. In other words, twice as many people live to 65 as did so only thirty years ago.

MATERNAL MORTALITY Deaths of mothers at time of delivery numbered 13 out of 14,669 deliveries (including 265 stillbirths) and no septicaemia death. This gives a rate of 0.9 per thousand deliveries, a slight increase over last year but well below the normal of the past eleven years. Incidentally, it is 75% below the average prior to twenty years ago when the Medical Society formed a Maternal Welfare Commission to actively cooperate with our Division. Note that there has been only one septicaemia death in five years. See Maternal Mortality Table.

MATERNAL DEATHS BY CAUSES	1941	1943	1945	1947	1949	1950	1951	1952	1953	1954
Total Deaths	26	18	18	12	15	12	7	16	10	13
Puerperal Septicaemia	5	4	4	1	1	-	-	1	-	-
Ectopic Pregnancy	2	-	3	-	-	2	-	2	2	-
Caesarian Section	1	3	-	1	-	-	-	3	1	-
Self-induced Abortion	-	-	-	-	1	-	-	-	-	1
Spontaneous Abortion	2	-	-	-	1	-	-	1	2	-
Eclampsia	5	2	2	1	2	4	-	2	2	5
Other Accidents of Pregnancy	1	4	2	1	1	2	1	4	-	1
Placenta Praevia	2	-	2	-	1	-	1	-	-	1
Post Partum Hemorrhage	2	2	5	4	3	1	2	2	-	1
Accidental Abortions	-	-	-	-	-	-	-	1	-	2
Shock Force.Del.Breach Pres.	1	1	-	-	-	-	-	-	-	-
Toxemia of Pregnancy	3	-	-	-	2	1	2	-	-	1
Criminal Abortion (Puerpera)	2	1	-	-	1	1	-	-	-	-
Cardiac Con. Pregnancy	-	-	-	-	1	1	-	-	1	-
Lobar Pneumonia	-	-	-	-	-	-	-	-	1	-
Pulmonary Embolism	-	1	-	1	2	-	-	-	1	1
Ac. Perit. Fol. Partuition	-	-	-	1	-	-	-	-	-	-
Spin. Anaes., Norm. Rem. of Pla.	-	-	-	1	-	-	-	-	-	-
Hem.Shock Rup. Uterus Norm. Del.	-	-	-	1	-	-	-	-	-	-
Mat. Mort. per 1000 Deliv.	2.6	1.5	1.5	0.8	1.1	0.9	0.5	1.1	0.7	0.9

ACCIDENT DEATHS There were only 179 accidental deaths or a marked decrease from 1953. Accidental deaths had steadily reduced from 1943 when we had 304 such deaths but have been increasing since 1949. Falls cause the bulk of accidental deaths. Auto and motorcycle deaths dropped to 35, 15 less than last year, and the second lowest since "horse and buggy days."

ACCIDENTAL DEATHS BY PRINCIPAL CAUSES

	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943
TOTAL	179	228	226	191	194	174	212	200	234	271	270	304
Auto & Motorcycle	35	50	50	45	40	33	40	36	66	57	77	90
Accidental Falls	90	96	90	85	84	76	78	79	90	107	92	87
Accidental Burns	8	6	9	17	10	2	11	7	12	13	14	19
Asphyx. - Bed Clothes	6	4	4	1	4	13	12	12	8	9	3	6
Alcoholism	0	-	-	1	-	1	2	-	2	5	9	8
Poison - Carbon Monoxide	2	-	-	-	3	3	1	1	3	3	-	-
Crushing	1	3	3	3	1	6	7	3	6	8	2	2
Conflagration	17	28	8	3	9	9	10	18	8	11	9	9
Drowning	3	7	8	11	9	5	18	7	5	4	5	13
Electrocution	1	3	1	-	3	1	-	-	3	1	2	1
Heat Exhaustion	0	15	29	-	-	4	8	1	1	1	7	4
Illuminating Gas	8	1	9	7	13	12	14	17	13	23	26	23
Railroad & Trolley	2	3	1	7	5	-	2	5	2	6	5	9
Miscellaneous	7	12	14	11	13	8	9	14	15	23	19	33

BIRTH STATISTICS

Crude Birth Rate 32.1
Adjusted Birth Rate 22.1

There were 14,404 births in Newark in 1954 or a crude rate of 32.5 per thousand population. This rate, after gradually dropping to the lowest ever recorded of 15.8 in 1936, rapidly and steadily increased to the record high in 1947 of 14,710 births or a rate of 33.1 and has remained over 30 for seven years. The following table shows the trend in our birth rate and it is interesting to note that almost 99% of babies are now delivered in hospitals. We have been using the crude rate for many years due to difficulty in accurate adjustment. Newark is a hospital center, however, and in 1954 there were 5,722 non-resident births. If we subtract these and add 1,026 Newarkers known to be born out-of-town, we get 9,708 or an adjusted birth rate of only 21.9. We have been able to adjust these figures for the past fourteen years, and, therefore, include both rates in the following table.

1954	Total Births	14,404	White	11,118	Stillbirths	265
	Males	7,302	Colored	2,345	Illegitimate	681
BIRTHS DATA	Females	7,102	Yellow	11		

Year	Total Births	Crude Birth Rate	Adj. Births & Rate		Hospital Deliv.	Deliveries at home Midwife	Physicians
1954	14,404	32.5	9,708	21.9	14,246	23	135
1953	14,116	32.1	9,321	22.1	13,961	22	133
1952	13,968	31.7	9,050	20.6	13,783	24	161
1951	14,020	31.6	8,900	20.1	13,850	37	133
1950	13,174	29.7	8,600	20.4	12,959	31	221
1949	13,409	30.3	9,000	20.3	13,174	43	192
1948	13,703	30.8	9,300	20.9	13,434	46	223
1947	14,710	33.1	10,200	22.7	14,419	80	211
1946	13,427	30.3	9,980	20.3	13,094	108	225
1945	11,254	25.4	7,888	18.3	10,867	114	273
1944	10,792	24.5	7,660	17.4	10,406	156	330
1943	11,856	26.9	8,428	19.1	11,230	194	432
1942	12,016	28.0	8,600	20.0	11,479	161	376
1941	9,765	22.8	7,103	16.5	9,282	158	325
1940	8,538	19.9			7,952	185	401
1939	7,950	17.3			7,315	234	401
1938	7,936	17.3			7,106	283	546
1937	7,659	16.7			6,682	374	603
1936	7,236	15.8			6,025	433	778

FREEDOM FROM CONTAGION

There was no prevalence of contagious disease during the past year except for measles and the 3,424 cases is low for a typical "measles" year. The following table shows the cases and deaths for the childhood diseases in 1954 compared with the 11-year normals. Note: no death from Scarlet Fever. In fact, this disease has been steadily reducing in virulence. Thirty-five years ago it caused 19 deaths per thousand cases, yet we have had only one death among 2,555 cases in the past nine years.

DISEASE	1954		11-year Normal	
	Cases	Deaths	Cases	Deaths
Diphtheria	0	0	1	0
Scarlet Fever	142	0	401	0
Epidemic Meningitis	8	1	11	3
Whooping Cough	237	0	486	0
Infantile Paralysis	49	2	29	3
Measles	3424	0	3536	0

NEGRO HEALTH STATISTICS

The 1954 estimated Negro population is 80,000. This alone constitutes a remarkable part of the health statistics among this particular group. Formerly estimated as approximately 10% of the total population, we learned by the official census report that in 1950 the figure was 75,626 or approximately 18%. Allowing for natural increase (births over deaths) we must have approximately 80,000 in 1954. This group, due to unfortunate housing handicaps, naturally reflects higher mortality rates as are found in any sub-par and especially slum areas. Higher rates in all such areas prove this.

A study of the past 18 years, however, is remarkable. Up to 1950 the trend was encouraging, but in the past three years the gain in health was greatly accelerated. The Tuberculosis mortality rate, although high as explained above, has been reduced from 388 per CM to 45.0 in 1954 or a phenomenal drop of 88%. The three-year drop has been 57%. Infant mortality in that same short period has fallen from 89.5 to 45.9 or 50% reduction. The general death rate from all causes has dropped from 17.4 in 1940 to 11.0 in 1954 or a reduction of 35%. All of these comparisons are based on accurate population figures. The general death rate for two years has been practically the same as for the entire city. There were 6 maternal deaths and a rate of 1.8 per 1000 deliveries, an increase over 1953. There has been no puerperal septicaemia death in five years.

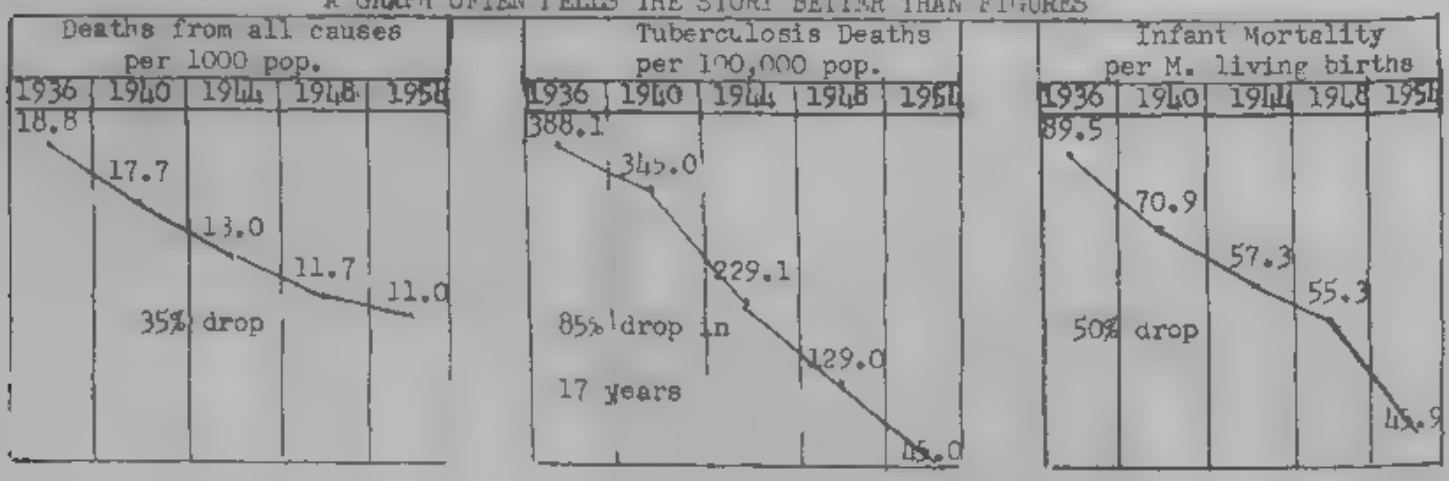
Negro births totaled 3,245 or a crude rate of 40.6 per 1000, the highest ever recorded. The general city birth rate was 32.5 but adjustment reduced that to 21.9. Such adjustment (non-resident births, etc) among Negroes, however, merely reduces their rate to 38.4.

The following table shows the most interesting rates for the past 18 years.

NEGRO HEALTH STATISTICS

Year	Pop.in 1000's	Deaths	Mort. Rate	Births	Birth Rate	T.B. Deaths	T.B. Mort.	Infant Deaths	Infant M.Rate	(Maternal-Deaths) Septc.	Total	Mat.Mt. Rate
1936	42	789	18.8	883	21.0	163	388.1	79	89.5	2	8	9.1
1938	43	690	16.0	997	23.2	131	304.7	62	62.2	1	4	4.0
1940	40	695	17.7	1043	26.1	138	345.0	74	70.9	1	10	10.0
1942	44	721	16.4	1247	28.3	125	284.1	69	54.5	0	1	1.0
1944	52	679	13.0	1326	25.5	119	229.1	76	57.3	0	2	1.6
1946	60	678	11.3	1595	26.6	122	203.3	87	54.5	1	5	3.1
1948	68	805	11.7	2225	32.7	103	151.5	123	55.3	0	2	0.9
1950	76	845	11.1	2344	30.9	98	129.0	118	49.9	0	5	2.1
1951	78	826	10.6	2590	33.2	83	106.4	109	42.1	0	1	0.4
1952	80	896	11.2	2658	31.9	79	98.7	153	57.5	0	8	3.0
1953	80	907	11.3	2917	36.5	49	61.2	119	40.8	0	2	0.7
1954	80	878	11.0	3245	40.6	36	45.0	149	45.9	0	6	1.8

A GRAPH OFTEN TELLS THE STORY BETTER THAN FIGURES



E X E C U T I V E D I V I S I O N

Robert F. Morgan, Asst. Health Officer

The Executive Division provides the general administrative functions of the Division for the Health Officer. This includes accounting; vital statistics; publicity and health education; personnel records and assignment; cleaning and maintenance; printing and multigraphing; monthly and annual reports; divisional instruction, etc.

BUREAU OF VISUAL HEALTH EDUCATION

Peter Coven, Supervisor

Our health education work is aided through the following mediums: taking and processing photographs, slides and motion pictures; production of sound-slide sequences such as a series entitled "Newark's Health Department" describing the activities of the Health Division; a home safety slide sequence entitled 'Safeguard Newark's Homes", also health exhibits. Operation of school for food handlers which includes lectures, films, quizzes, and exam completion, presentation of individual certificates; present health films and slides at civic clubs, schools, PTAs, Women's Clubs and others, sound recording of health programs, health lectures, radio programs, etc.

LEGAL WORK

Milton Goodman, A.B., LL.B.
Complaints Processing Officer

Handling of court cases is greatly aided by the services of an employee who is a qualified lawyer. He not only cooperates with the City Law Department, which officially handles all city work, but is present at all divisional hearings. Each inspectional division holds frequent hearings before the Health Officer, cases are discussed and disposition made by the Health Officer. Cases referred for court action are greatly reduced by this arrangement. During 1954, 1,084 cases were taken to court. In addition to securing abatements in these cases, $17,110 in penalties were imposed against violators. These totals reflect the fact that he processed for legal action all the complaints arising in the Slum Bureau and the Plumbing Bureau of the Division of Inspections as well as the Division of Health.

MAINTENANCE

Frank Lawson, Custodian

Cleaning and maintenance is provided for the main building and three nearby annexes, as well as 24 outside clinics used for baby-keep-well stations, Tuberculosis examinations, pre-natal clinics and dental clinics.

VITAL STATISTICS

Early this year, the Health Officer was officially made the Registrar of Vital Statistics instead of the City Clerk as theretofore, and a staff of clerical workers was transferred from the City Clerk's payroll to the Health Division. Lack of space requires that staff to still operate in the City Hall.

FINANCIAL STATEMENT - 1954

	BUDGET AFTER TRANS.	EXPENDITURES
PERSONAL SERVICE - SALARIES	$1,814,619.52	$1,812,163.19
OTHER THAN SALARIES	160,829.00	159,891.25
TOTALS	1,975,448.52	1,972,054 44

****

FURNITURE, FILES, TYPEWRITERS, OIL BURNER UNIT	$3,322.58	
DRUGS & SURGICAL SUPPLIES	22,682.18	
X RAY SUPPLIES, FILM AND SUPPLIES	15,182.31	
STATIONERY & PRINTING	6,963.50	
JANITORS SUPP, PAINT, UNIFORMS	1,915.96	
LABORATORY & SURG SUPPLIES	16.812.41	
RENT, TAXES ON ANNEX BLDGS, BABY STATIONS	20,644.45	
RENTAL, BUSINESS MACHINES	625.50	
POSTAGE,	4,937.40	
TELEPHONE SERVICE	10,316.60	
COAL, LIGHT & HEAT	7,286.53	
AUTOMOBILE, MOTORCYCLE SUPP & REPAIRS	7,709.34	
EQUIPMENT REPAIRS	1,294.44	
HOME DOCTOR SICK CALLS INDIGENT	16,218.40	
HOME NURSE SICK CALLS (V N A)	10,750.50	
INSURANCE, COMPENSATION, FIRE & THEFT	3,896.67	
VISUAL HEALTH EDUCATION	1.077.02	
IN-SERVICE TRAINING	804.70	
NIGHT WATCHMAN SERVICE & ALARM ADT	412.00	
SCORING DIARIES EXP - MILK & FOOD SAMPLES	754.94	
LICENSE PLATES, TAGS AND BADGES	680.00	
PLUMBING EXAMINERS FEES	150.00	
LAUNDRY SERVICE	2 343.70	
PETTY CASH MISC'L EXPENSE	3,110.12	$159,891.25

****

RECEIPTS (NOTE THESE ARE DEPOSITED TO CITY MISC'L REVENUE AND ARE NOT REFLECTED IN THE HEALTH DIVISION BUDGET)

PERMITS	CHICKEN & ANIMAL	125.90	FEES	REAL ESTATE INSPS	23.00
"	" SLGHT HOUSE	900.00	"	PLUMBING EXAMINATIONS	600.00
"	PLUMBING PLANS	4,387.00	"	BACTERIOLOG EXAMS	77.00
LICENSES	ICE	175.50	"	OUT-OF-TOWN LAB TESTS	1,949.00
"	MILK	5,037.50	"	ROOMING HOUSE	292.00
"	PLUMBING	2,515.00	MISC'L	CASH SALE PRESC BOTTLES	187.66
"	REFUSE TRUCKS	78.00	"	" POSTAGE & PHONES	55.06
"	LIVE POULTRY SALE	60.00	"	" DAIRY SCORE PADS	329.64
"	MEAT	3,115.00			
"	LAUNDERETTE & LDRY	3,375.00		TOTAL RECEIPTS DEPOSITED	$23,082.26

****

A SEPARATE "DAIRY INSPECTION ACCOUNT" IS MAINTAINED FOR COST OF EXPENSES INSPECTION OF OUT-OF STATE DAIRIES AND CREAMERIES - PAID FOR BY THE DEALERS WHICH MAINTAIN A WORKING BALANCE AT ALL TIMES. TOTAL RECEIVED AND EXPENDED IN 1954 - $21,066.49

****

DOG CONTROL ACCOUNT

THE AUDITOR'S OFFICE ALSO MAINTAINS A SEPARATE "DOG CONTROL ACCOUNT" AS FOLLOWS:

RECEIPTS			
DOG LICENSES	2 25 (11,636)	$26,181.00	
PET SHOPS	$10 (16)	160.00	
KENNEL LICENSES	$25 (2)	50.00	
" "	@ 10 (2)	20.00	
FEES FOR REDEEMED DOGS		1,668.50	
TOTAL		28,079.50	

DISBURSEMENTS	
STATE FEES 25¢ EACH	$2,909.00
SHELTER CONTRACT (HOUSING-FEEDING)	11,333.30
VETERINARIANS JACCINATIONS 50¢ EA	,204.50
2 DOG AMBULANCES PURCHASED NEW	6,689.02
DOG TAGS	709.12
POSTAGE	200.00
AUTO REPAIR & MINOR EQUIPMENT	4 2.00
TOTAL	23,457.94

SURPLUS $4,621.56

IN 1955 THIS SURPLUS SHOULD BE MUCH HIGHER (NO NEW TRUCKS TO BUY)

YEAR	DEATHS UNDER 1 YR.	INFANT MORTALITY **	BIRTHS	BIRTH RATE	DIARR. DEATHS UND. 5	T. B. DEATHS	T. B. DEATH RATE	DIPHTHERIA DEATHS	TYPHOID DEATHS	BRONCHO PNEUMONIA DEATHS	ORG. HRT. DTHS
1918	1215	104.7	11575	27.0	331	798	185.6	82	15	629	633
1919	862	76.2	11297	25.7	295	637	144.8	50	9	504	529
1920	994	84.7	11734	28.3	244	540	130.4	62	8	507	492
1921	837	71.5	11705	27.5	210	446	104.9	44	12	417	510
1922	825	74.8	10993	25.4	167	428	99.1	73	12	346	640
1923	756	68.0	11110	25.3	133	406	92.5	34	11	340	727
1924	746	65.2	11449	25.7	132	392	87.9	39	12	399	729
1925	746	68.7	10852	24.0	129	378	83.4	42	5	343	850
1926	753	71.9	10460	22.7	128	421	91.5	21	7	331	948
1927	634	63.3	10010	21.5	82	387	82.9	62	6	266	1019
1928	626	63.8	9802	20.7	78	412	86.9	95	5	298	1002
1929	594	59.6	9975	20.7	52	441	91.8	96	5	258	1047
1930	512	52.3	9784	22.2	45	445	101.0	48	1	244	1005
1931	491	52.3	9506	21.4	36	412	92.4	16	2	224	980
1932	371	42.3	8746	19.4	16	360	80.0	2	4	242	958
1933	356	45.1	7897	17.6	18	388	85.8	1	2	228	1091
1934	342	45.2	7565	16.7	23	317	69.8	1	1	227	1082
1935	417	54.6	7638	16.8	24	316	69.4	1	0	201	1118
1936	332	45.9	7236	15.8	16	346	75.7	0	1	214	1162
1937	287	37.6	7659	16.7	32	301	65.8	1	0	168	1158
1938	310	39.1	7936	17.3	12	287	62.7	1	2	149	1281
1939	303	38.1	7950	17.3	20	277	60.3	1	4	154	1240
1940	300	35.1	8538	19.9	14	309	71.9	0	0	124	1360
1941	318	32.6	9765	22.8	13	274	63.9	0	0	222	1530
1942	352	29.3	12016	28.0	12	288	66.1	0	0	223	1756
1943	367	30.9	11856	26.9	15	294	66.8	1	0	276	1975
1944	375	34.7	10792	24.5	23	257	58.4	0	0	271	1744
1945	390	34.7	11254	25.4	10	247	55.8	0	2	274	1764
1946	416	30.9	13427	30.3	3	261	59.0	0	0	215	1663
1947	429	29.2	14710	33.1	13	259	58.2	0	0	281	1724
1948	388	28.3	13703	30.8	2	232	52.1	0	0	276	1804
1949	389	29.0	13409	30.3	11	211	47.6	0	0	249	1728
1950	357	27.1	13174	29.7	8	209	42.2	0	0	246	1862
1951	379	27.0	14020	31.6	2	169	38.1	0	0	259	1805
1952	405	29.0	13968	31.7	6	152	34.5	0	0	238	1857
1953	364	25.8	14116	32.1	6	97	22.0	0	0	241	1963
1954	**412**	**28.6**	**14404**	**32.5**	**12**	**68**	**15.3**	**0**	**0**	**213**	**1936**

** FOR NEO NATAL MORTALITY SEE "OTHER MORTALITY TRENDS"

OTHER MORTALITY TRENDS SINCE 1895

YEAR	POPULATION	CRUDE DEATHS	CRUDE DEATHS RATE PER 1,000	RATES PER 100,000			INFANT MORTALITY RATE		
				SCARLET FEVER	TYPHOID FEVER	DIPHTHERIA	UNDER 1 MO.	1 - 12 MONTHS	UNDER 1 YR.
1895	215,725	4,615	21.37	16.2	23.2	126.6			
1896	225,000	4,716	20.96	7.6	20.9	96.9			
897	230,000	4,010	17.43	23.5	14.3	59.6			
1898	235,000	4,303	18.30	6.4	17.4	56.6			
1899	240,000	3,537	18.90	14.2	25.0	51.7			
1900	246,070	5,006	20.34	22.4	20.3	58.1			
1901	250,000	4,806	19.22	9.2	22.8	41.2			
1902	255,000	4,943	19.38	18.0	18.4	41.2			
1903	266,000	4,923	18.50	26.7	23.7	45.1			
1904	272,000	5,378	19.77	44.1	14.7	55.1			
1905	283,239	5,025	17.74	15.9	14.1	38.8			
1906	290,000	5,551	19.14	11.7	17.2	34.1			
1907	300,000	5,724	19.08	13.7	23.0	31.7			
1908	305,000	5,207	17.07	29.2	11.5	21.6			
1909	311,000	5,529	17.77	22.5	12.5	38.8			
1910	347,469	5,764	16.64	11.2	12.7	29.9			
1	352,000	5,337	15.16	6.0	10.5	21.0			
1 2	370,000	5,423	14.65	3.0	7.0	24.6			
1 3	380,000	5,562	14.63	6.9	7.9	28.0	38.8	54.2	93.0
1914	395,000	5,809	14.70	6.8	6.6	10.4	36.9	59.9	96.8
915	375,000	5,382	14.30	1.6	2.9	13.1	36.4	48.9	85.3
1 6	385,000	6,357	16.50	1.8	6.0	14.8	38.0	51.6	89.6
1917	405,000	6,205	15.30	0.7	4.2	12.3	38.9	48.9	87.8
1 8	430,000	8,483	19.72	2.6	3.5	19.1	39.3	65.4	104.7
19 9	440,000	5,534	12.57	2.7	2.0	11.3	33.1	43.1	76.2
1 20	414,216	5,551	13.40	2.9	1.9	14.9	38.7	46.0	84.7
1 2	425,000	4,774	11.24	5.9	2.8	10.4	36.4	35.1	71.5
1922	432,000	5,209	12.06	3.5	2.8	16.9	35.3	39.5	74.8
1923	439,000	5,221	11.67	1.1	2.5	7.7	36.0	32.0	68.0
924	446,000	5,004	11.22	1.8	2.7	8.7	32.3	32.9	65.2
1925	453,000	5,310	11.67	2.0	1.1	9.3	30.3	38.4	68.7
1926	460,000	5,450	11.85	1.3	1.5	4.6	35.5	36.4	71.9
1927	467,000	5,086	10.90	2.6	1.3	13.3	34.8	28.5	63.3
1928	474,000	5,512	11.63	1.3	1.0	20.0	34.8	29.1	63.9
1929	480,000	5,632	11.74	0.8	0.6	20.0	31.2	28.4	59.6
1930	440,000	5,239	11.92	0.7	0.2	10.9	27.9	24.2	52.1
1 31	445,000	5,073	11.40	2.0	4.5	3.6	30.0	21.5	51.5
1932	450,000	4,682	10.40	0.7	0.9	0.5	25.5	16.7	42.2
1933	452,000	4,930	0.91	0.9	0.5	0.2	24.8	20.3	45.1
1934	454,000	4,764	10.49	0.4	0.2	0.2	27.2	8.0	45.2
1 35	455,000	4,996	10.56	0.2	0.0	0.2	32.9	21.7	54.6
1936	457,000	5,331	11.18	1.5	0.2	NONE	27.5	18.4	45.9
1937	458,000	5,061	11.00	0.2	0.0	0.2	21.8	15.7	37.5
1 38	458,000	4,970	10.85	0.2	0.4	0.2	24.6	14.5	39.1
939	459,000	4,855	10.58	0.9	0.9	0.2	24.3	13.8	38.1
1940	429,000	5,025	11.71	NONE	NONE	NONE	24.7	10.4	35.1
1941	429,000	5,127	1 .62	NONE	NONE	NONE	23.2	9.4	32.6
1942	429,000	5,256	1.86	0.2	NONE	NONE	21.9	7.4	29.3
1 43	440,000	5,702	12.55	0.2	NONE	0.2	21.5	9.4	30.9
1944	440,000	5,20	1.48	0.2	NONE	NONE	25.0	9.7	34.7
1945	443,000	5,292	.60	0.2	0.4	NONE	22.7	12.0	34.7
1946	443,000	4,937	11.14	NONE	NONE	NONE	23.8	7.2	31.0
1947	445,000	5,097	1 .54	NONE	NONE	NONE	22.5	6.7	29.2
948	445,000	5,087	1 .43	NONE	NONE	NONE	22.5	5.8	28.3
1949	443,000	4,983	11.25	NONE	NONE	NONE	21.9	7.1	29.0
1950	443,000	5, 26	11.57	NONE	NONE	NONE	21.8	5.3	27.1
1951	443,000	5, 61	1.46	NONE	NONE	NONE	2 .8	5.3	27.0
1952	440,000	5,411	12.14	0.2	NONE	NONE	22.4	6.6	29.0
953	440,000	5,387	12.18	NONE	NONE	NONE	20.8	5.1	25.9
1954	443,000	5 389	11.49	NONE	NONE	NONE	2 .5	7.1	28 6

TOTAL DEATHS BY AGE GROUPS 1918 - 1954

YEAR	TOTAL DEATHS	UNDER 1 YR.	1 AND UND 2	2 AND UND 5	TOTAL UND 5	5-14	15-24	25-44	45-64	65 & OVER
1918	8484	12 5	433	434	2082	314	780	2308	1754	1245
1919	5534	862	190	186	1238	249	345	1204	1376	1 22
1920	5551	994	253	192	1439	220	327	1041	1379	1145
1921	4776	837	136	134	1107	194	248	910	1256	1061
1922	5209	822	198	166	1186	232	268	925	1414	1184
1923	5221	756	163	136	055	196	305	872	1503	1290
1924	51	746	30	139	015	199	268	975	1470	1184
1925	5447	746	132	144	1022	206	273	10 8	1640	1288
1926	5606	753	87	158	1098	156	277	1015	618	1442
1927	5296	636	109	12	857	210	277	974	1724	1254
1928	5735	626	156	186	968	245	304	1002	1734	1422
1929	5857	594	104	52	850	192	308	1162	1768	1377
1930	5447	5 2	83	19	7 4	188	327	1037	708	1533
1931	5306	490	64	98	652	174	252	1025	1727	1458
1932	4850	371	41	73	485	128	228	890	1677	1442
933	5128	356	68	96	520	141	215	914	1775	1563
1934	4921	342	54	54	450	97	192	824	1779	1559
1935	5496	417	46	60	523	117	190	864	1788	1514
1936	5 31	332	45	45	422	116	208	861	1892	1832
1937	5 56	287	5	61	400	115	202	812	1877	1850
1938	5116	3 0	29	45	384	86	179	751	1845	1871
1939	5005	303	23	24	350	97	168	704	1777	1909
1940	5207	300	26	33	359	55	168	703	1934	1988
1941	5127	318	30	34	382	62	138	639	1948	1958
1942	5256	352	25	36	413	50	151	682	1935	2025
1943	5702	367	24	44	435	66	148	660	2074	2313
1944	5201	375	24	29	428	67	113	618	1904	2071
1945	5292	390	24	31	445	75	124	564	1933	2151
1946	5078	416	14	31	461	51	112	56	1810	2083
1947	5238	429	24	33	486	32	98	591	1898	2153
1948	5222	388	22	21	431	29	73	502	1949	2237
1949	5086	389	22	28	439	33	86	472	1825	2231
1950	5209	357	22	24	403	25	84	5 5	1928	2254
1951	5161	379	19	29	427	38	56	495	1855	2290
1952	5411	405	15	28	448	37	61	538	1956	2372
1953	5387	364	24	33	421	39	55	493	1900	2473
1954	5089	41 2	22	29	465	24	46	456	1788	2309

"TOTAL DEATHS" INCLUDES ALL DEATHS IN NEWARK BOTH RESIDENT AND NON-RESIDENT AS WELL AS DEATHS OF NEWARKERS AT SOHO AND VERONA

DEATHS AND DEATH RATES BY CAUSE AND COLOR 1953 - 1954

	Total				Negro			
	1953		1954		1953		1954	
	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths
TOTAL - ALL CAUSES	12.2	5387	11.5	5089	11.3	907	11.0	878
Infantile Paralysis	-	-	.4	2	-	-	-	-
Typhoid Fever	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-
Measles	-	-	.2	1	-	-	1.2	1
Scarlet Fever	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-
Influenza	1.1	5	.2	1	-	-	-	-
Epidem.Mening.(Cer.Spin)	0.2	1	0.2	1	-	-	1.2	1
Other Epidemic Diseases	-	-	-	-	-	-	-	-
Tuberculosis of Lungs	17.7	78	13.3	59	43.7	35	36.2	29
Tuberculosis Meningitis	2.7	12	1.1	5	10.0	8	3.7	3
Other Tuberculosis	1.6	7	0.9	4	7.5	6	6.2	5
Cancer, Malignant Tumor	188.2	828	179.0	783	128.7	103	116.2	93
Simple Meningitis	2.3	10	2.7	12	6.2	5	10.0	8
Apoplexy-Soft. of Brain	112.0	493	95.7	424	117.5	94	95.0	76
Organic Heart Disease	446.1	1963	432.2	1936	308.7	247	316.2	253
Bronchitis	2.5	11	2.2	10	2.5	2	5.0	4
Pneumonia, Lobar	10.4	46	12.4	55	13.7	11	10.0	8
Pneumonia, Broncho	17.5	77	20.5	91	21.2	17	18.7	15
Other Respiratory Dis.	21.4	94	21.2	94	20.0	16	12.5	10
Stomach(Cancer Excepted)	7.3	32	12.2	54	7.5	6	6.2	5
Diarrhoea (Under 5 yrs.)	1.4	6	2.7	12	2.5	2	10.0	8
Appendicitis & Typhilitis	1.6	7	1.4	6	2.5	2	-	-
Hernia, Intest. Obstruc.	9.5	42	11.3	50	16.2	13	12.5	10
Cirrhosis of Liver	21.4	94	18.8	83	17.5	14	21.2	17
Bright's Dis.& Nephritis	54.8	241	48.1	213	47.5	38	43.7	35
Dis. of Women (Not Cancer)	0.4	2	0.7	3	-	-	1.2	1
Puerperal Septicaemia	-	-	-	-	-	-	-	-
Other Puerperal Diseases	2.3	10	2.9	13	2.5	2	7.5	6
Cong. Debility & Malf.	67.9	299	75.2	323	118.7	95	131.1	105
Old Age	0.2	1	0.7	3	-	-	1.2	1
Accident	51.8	228	40.9	181	58.7	47	53.7	43
Homicide	7.3	32	9.3	41	27.5	22	37.5	30
Suicide	9.3	41	6.8	30	3.7	3	5.0	4
Ill-Defined Causes	14.8	65	12.9	57	25.0	20	18.7	15
All Other Causes	150.5	662	122.3	542	120.0	96	113.7	91

DEATHS - CERTAIN CAUSES IN AGE GROUPS - 1954

CAUSES OF DEATH	Total Deaths	Under 5 Deaths	& %	5 to 24 Deaths	& %	25 to 44 Deaths	& %	45 to 64 Deaths	& %	65 & Over Deaths	& %
TOTALS	5089	465	9.1	71	1.4	456	8.9	1788	35.1	2309	45.4
Measles	1	1									
Whooping Cough											
Diarrhoeal Dis.	12	12									
Early Infancy	323	323									
Influenza	1							1			
Pneumonia	146	39	26.7	2	1.4	13	8.9	40	27.5	52	35.6
Bronchitis	10	6	60.0					3	30.0	1	10.0
Pulm. T.B.	59			3	5.1	21	35.6	20	33.9	15	25.4
Bright's Dis.	213	3	1.4	4	1.9	26	12.2	70	32.9	110	51.6
Cancer	783			7	0.9	70	8.9	362	46.2	344	43.9
Apoplexy	424	2	.5	1	.2	24	5.7	141	33.3	256	60.6
Organic Heart	1936	4	.2	9	.4	115	5.9	746	38.5	1062	54.9
Accident	181	19	10.5	9	5.0	33	18.2	42	23.2	78	43.1

DEATHS BY SPECIAL CAUSES	1954	1953	1952	1951	950	1949	948	947	1946	945	1944	1943
TOTAL - ALL CAUSES	5089	5387	54.1	5161	5213	5086	5222	5238	5078	5292	5201	5702
INFANTILE PARALYSIS	2	-	3	1	4	5	2	-	4	7	3	-
TYPHOID FEVER	-	-	-	-	-	-	-	-	-	2	-	-
ERYSIPELAS	-	-	-	-	-	-	1	-	-	-	-	-
MEASLES	1	-	1	-	-	-	1	-	2	-	1	1
TETANUS	-	-	-	-	-	-	2	-	-	-	-	-
SCARLET FEVER	-	-	1	-	-	-	-	-	-	1	1	1
MUMPS	-	-	-	-	-	-	1	-	-	-	-	-
DIPHTHERIA	-	-	-	-	-	-	-	-	-	-	-	1
WHOOPING COUGH	-	-	1	-	-	-	-	-	1	1	-	2
INFLUENZA	1	5	2	3	1	-	4	4	4	7	12	23
EPIDEM. MENING. (CRSP)	1	1	2	2	-	4	2	3	7	11	17	27
OTHER EPIDEMIC DISEASES	-	-	-	-	-	-	-	2	2	-	-	-
T. B. OF LUNGS	59	78	34	142	184	188	214	239	229	225	237	266
T. B. MENINGITIS	5	12	8	12	7	10	8	8	13	11	4	7
OTHER TUBERCULOSIS	4	7	10	15	18	13	10	12	19	11	16	21
CANCER & MALIG. TUMOR	783	828	789	795	791	795	780	781	735	708	708	655
SIMPLE MENINGITIS	12	10	10	8	11	6	8	9	9	15	22	17
APOPL XY-SOFT. BRAIN	424	493	494	399	428	478	486	498	463	486	421	431
ORGANIC HEART DISEASE	1936	1963	1857	1805	762	728	1804	1724	1663	1764	1744	1975
BRONCHITIS	10	11	12	9	7	15	10	9	10	6	8	5
LOBAR PNEUMONIA	55	46	61	53	75	57	55	71	93	105	114	166
BRONCHO PNEUMONIA	91	77	87	70	88	94	78	89	96	111	120	162
OTHER RESPIRATORY DISEASES	94	94	26	12	99	92	103	11	13	81	69	134
DISEASES OF STOMACH	54	32	31	42	22	43	33	25	19	32	34	48
DIARRHOEA (UNDER 5)	12	6	6	2	8	11	2	13	3	10	23	5
APPENDIC. & TYPHILITIS	6	7	11	6	6	19	7	11	19	29	25	31
HERNIA & INTEST. OBST.	50	42	56	41	31	40	36	39	36	44	62	75
CIRRHOSIS OF LIVER	81	94	70	69	71	59	77	55	51	49	48	40
BRIGHT'S DIS. & NEPHRITIS	213	241	238	259	246	249	276	28	245	274	271	276
DIS. OF WOMEN (NOT CANCER)	3	2	1	1	2	1	4	5	7	7	7	7
PUERPERAL SEPTICAEMIA	-	-	1	-	-	1	-	1	2	4	-	4
OTHER PUERPERAL DISEASES	13	10	15	7	10	14	10	11	14	14	9	14
CONG. DEB. & MALF.	323	299	3 7	322	293	301	317	337	331	285	278	257
OLD AGE	3	1	6	8	19	6	17	19	13	18	29	46
ACCIDENTS	180	228	226	191	194	174	212	200	234	27.	270	304
HOMICIDES	41	32	34	26	19	28	29	23	28	13	18	22
SUICIDES	30	41	32	39	59	46	54	51	42	47	42	55
ILL-DEFINED	57	65	53	64	60	36	44	63	54	79	32	30
ALL OTHER CAUSES	542	662	716	658	598	573	536	543	517	564	557	582
RATE PER 1000 POP.	11.5	12.2	12.1	11.5	1.6	1.2	11.4	1.5	11.1	11.6	1.5	2.6

TUBERCULOSIS STATISTICS - WHITE AND COLORED

YEAR	POPULATION (1000'S) TOTAL	WHT	COL	REPORTED CASES WHT	COL	DEATHS WHT	COL	MORBIDITY RATE PER 00,000 WHITE	COLORED	MORTALITY RATE PER 100,000 WHITE	COLORED
1922	432	415	17	1044	144	352	74	251.3	822.0	84.4	422.0
1924	446	424	22	749	148	310	76	176.7	672.0	73..	345.4
1926	460	433	27	780	229	321	97	180.1	848.0	74.1	359.2
1928	474	442	32	714	215	306	105	161.6	671.0	69.2	328.1
1930	440	402	38	681	309	262	178	169.4	813.0	65.1	468.4
1932	450	410	40	532	245	195	165	129.7	612.6	47.6	412.5
1934	454	414	40	447	217	186	124	107.9	542.5	44.9	310.0
1936	457	415	42	429	213	182	163	105.7	507.1	43.8	388.0
1938	458	415	43	395	203	154	131	95.2	472.0	37.1	304.6
1940	429	389	40	400	185	169	138	102.9	455.1	43.7	345.0
1942	429	385	44	474	195	161	125	123.1	443.2	41.8	284.1
1944	440	388	52	371	207	135	119	95.6	399.1	34.9	228.9
1946	443	383	60	362	212	138	122	94.9	353.5	36.	203.3
1948	445	377	68	313	224	129	103	83.0	329.2	31.5	151.4
1950	443	367	76	278	245	110	98	75.7	322.3	30.0	128.9
1952	440	360	80	233	240	72	79	60.4	300.0	20.0	98.7
1953	440	360	80	268	260	48	49	74.4	325.0	13.3	61.2
1954	443	363	80	245	264	32	36	7.5	330.0	7.4	45.0

BIRTHS BY ATTENDANT AND PLACE OF DELIVERY 9-5-1955

(ALTERNATE YEARS TO SHOW TREND)

YEAR	TOTAL BIRTHS	NON RESIDENT BIRTHS	HOSPITAL DELIVERIES	HOME DELIVERIES PHYSICIAN	HOME DELIVERIES MIDWIFE	NO ATTENDANT	% TOTAL BIRTHS DELIV'D IN HOSP.
1915	10,955	238	1,295	4,243	5,414	3	11.8%
1917	11,850	381	1,956	4,195	5,696	3	16.5%
1919	11,315	554	-	-	5,148	0	-
1921	11,705	-	-	-	4,470	0	-
1923	11,111	-	-	-	3,552	0	-
1925	10,852	1,258	4,845	3,208	2,799	0	44.6%
1927	10,042	1,246	4,995	2,709	2,338	0	49.7%
1929	9,965	1,822	5,805	2,436	1,724	0	58.3%
1931	9,506	2,137	6,824	1,491	1,191	0	71.8%
1933	7,897	1,703	6,195	986	716	0	78.4%
1935	7,638	1,812	6,076	1,047	515	0	79.5%
1937	7,659	1,956	6,682	603	374	0	87.2%
1939	7,950	2,180	7,315	401	234	0	92.0%
1941	9,765	3,162	9,282	325	158	0	95.1%
1943	21,856	3,978	11,230	432	194	0	94.7%
1945	11,254	3,916	10,867	272	115	0	96.6%
1947	14,710	5,206	14,419	211	80	0	98.3%
1949	13,409	4,881	13,174	192	43	0	98.2%
1950	13,174	4,977	12,969	171	34	0	98.4%
1951	14,020	5,701	13,850	133	37	0	98.3%
1952	13,968	5,683	13,783	161	24	0	98.7%
1953	14,146	5,570	13,961	133	22	0	98.9%
1954	14,404	5,700	14,146	135	23	0	98.9%

INFANT MORTALITY BY COLOR

(ALTERNATE YEARS TO SHOW TREND)

YEAR	WHITE INF. MORT. RATE	COL. INF. MORT. RATE	WHITE POST NEONATAL MORT. RATE *	COLORED POST NEONATAL MORT. RATE *	WHITE NEONATAL MORT. RATE	COL. NEONATAL MORT. RATE
1920	81.0	162.4	43.6	96.0	37.4	66.4
1921	67.9	132.4	32.4	79.4	35.5	54.5
1923	65.0	112.4	29.7	66.1	35.3	46.3
1925	61.0	155.1	33.8	89.9	27.2	65.2
1927	54.7	140.5	25.1	59.9	29.6	80.6
1929	49.8	138.7	23.2	70.3	26.6	68.4
1931	46.3	95.5	21.8	45.8	24.5	49.7
1933	39.1	91.1	17.2	42.8	21.9	48.3
1935	50.7	84.8	18.6	45.9	32.1	38.9
1937	34.5	61.5	12.9	37.8	21.6	23.6
1939	36.7	74.8	18.4	32.2	18.3	42.6
1941	28.5	62.6	7.5	21.5	21.1	41.1
1943	27.6	59.6	6.9	31.4	20.7	28.3
1945	31.7	54.6	10.5	20.8	21.2	33.7
1947	25.3	54.5	5.9	11.7	19.4	42.8
1949	22.3	61.9	5.0	17.2	17.3	44.7
1950	22.2	49.7	4.4	9.4	17.8	40.3
1951	23.6	42.1	4.0	10.8	19.6	31.3
1952	22.3	57.6	4.8	14.3	17.5	43.3
1953	21.9	40.8	4.1	8.2	17.9	32.6
1954	22.4	45.9	5.9	13.2	16.9	32.7

* OVER ONE MONTH BUT UNDER ONE YEAR

DEATHS UNDER ONE YEAR BY CAUSES 1918 - 1954

YEAR	MEASLES	BRONCHITIS	PNEUMONIA	MENINGITIS	DIARRHOEA	OTHER CONTAG. DISEASES	EARLY INF. CONG. DEB. PREMATUR.	ALL OTHERS	TOTAL
1918	39	84	156	30	279	83	442	112	1213
1919	2	42	87	24	244	27	345	91	862
1920	16	57	143	19	191	66	402	100	994
1921	5	38	83	12	178	27	403	91	837
1922	14	44	128	11	153	22	352	98	822
1923	15	32	94	10	105	21	376	103	756
1924	4	38	106	17	115	24	356	86	746
1925	3	26	99	11	105	23	376	103	746
1926	17	18	142	5	102	16	383	70	753
1927	0	13	91	10	70	28	357	67	636
1928	11	8	97	12	68	19	356	55	626
1929	0	14	121	8	43	28	307	73	594
1930	4	9	95	10	33	10	278	73	512
1931	0	10	86	17	30	21	273	53	490
1932	0	2	67	5	13	12	232	40	371
1933	2	2	75	2	18	10	191	56	356
1934	0	2	52	5	23	2	221	37	342
1935	3	3	59	7	22	16	264	43	417
1936	0	5	51	10	13	9	202	42	332
1937	4	0	47	1	26	6	127	36	287
1938	0	3	40	5	10	10	211	33	310
1939	0	2	28	1	18	6	201	47	303
1940	0	1	26	4	14	0	223	32	300
1941	1	0	23	7	10	5	241	31	318
1942	2	1	41	3	8	2	260	35	352
1943	0	1	41	5	14	5	255	46	367
1944	0	1	43	8	23	3	275	22	375
1945	0	1	56	3	8	3	280	39	390
1946	0	0	44	3	9	4	330	32	416
1947	0	2	30	2	13	2	335	47	429
1948	0	0	26	1	2	1	315	43	388
1949	0	2	37	3	8	1	298	40	389
1950	0	2	28	1	8	0	288	30	357
1951	0	0	26	7	2	1	316	27	379
1952	0	6	32	5	4	0	316	42	405
1953	0	3	23	2	6	1	297	32	364
1954	0	2	29	6	11	0	321	43	412

BIRTHS & INFANT MORTALITY RATES BY WARDS - 1954

WARDS	TOTAL BIRTHS	TOTAL COL. BIRTHS	% TOTAL BIRTHS COL.	TOTAL DEATHS UNDER 1 YEAR	INFANT MORTALITY
1	358	52	14.6	12	33.7
2	235	123	52.3	8	34.4
3	749	680	90.8	45	60.1
4	100	59	59.0	5	50.0
5	271	28	10.3	5	18.5
6	399	197	49.3	10	25.1
7	320	236	73.7	12	37.5
8	992	103	10.4	28	28.1
9	1338	479	35.8	42	31.4
10	335	70	20.9	12	35.8
11	488	112	25.0	14	28.7
12	371	41	11.0	6	16.2
13	945	54	5.7	12	12.7
14	775	442	57.0	45	57.9
15	239	105	43.9	14	58.2
16	819	299	35.8	18	22.0
N.R.	5672	171	30.1	124	21.9
TOTAL	14404	3245	22.5	412	28.6

TUBERCULOSIS BY WARDS (1954) - MORBIDITY & MORTALITY

(NOTE) AS USUAL THE HIGHEST RATES ARE IN THE 2ND, 3RD, 4TH, AND 7TH WARDS, WHERE THE WORST SLUMS ARE LOCATED OR WHERE POPULATION IS MAINLY OF THE TRANSIENT "CHEAP ROOMING HOUSE" TYPE

WARD	POPULATION (ESTIMATED) WHITE	COLORED	TOTAL	REPORTED CASES WHITE	COL.	TOTAL	TOTAL MORBIDITY RATE PER CM	DEATHS WHITE	COL.	TOTAL	TOTAL MORTALITY RATE PER CM
1	24800	2500	27300	13	5	18	66	-	-	-	-
2	6000	4200	10200	14	20	34	333	3	4	7	68
3	5000	30000	35000	5	78	83	237	-	11	11	31
4	3000	2000	5000	17	13	30	600	3	-	3	60
5	16200	800	17000	7	4	11	65	1	-	1	6
6	14000	4400	18400	7	21	28	152	-	2	2	11
7	6000	7400	13400	7	29	36	268	-	4	4	29
8	36800	2200	39000	25	7	32	82	4	1	5	12
9	50000	6000	56000	34	25	59	105	3	3	6	11
10	18100	1900	20000	11	13	24	120	1	3	4	20
11	27500	1500	29000	13	2	15	52	1	-	1	34
12	20600	400	21000	12	2	14	66	1	1	2	9
13	56000	1500	57500	30	1	31	54	6	-	6	10
14	26000	8200	34200	11	19	30	88	1	3	4	11
15	8500	3500	13000	10	6	16	123	1	2	3	23
16	43500	3500	47000	22	17	39	83	7	1	8	17
NR				7	2	9		-	1	1	
TOTAL	363000	80000	443000	245	264	509	115	32	36	68	15

YELLOW CASES REPORTED - 2

INFANT MORTALITY RATES (1ST DAY - 1ST MO ETC)

1914 - 1954 (EVERY 3RD YR)

YEAR	UNDER 1-DAY	OVER ONE DAY BUT UNDER 1 WK.	UNDER 1 WK.	OVER ONE WEEK BUT UNDER 1 MO.	UNDER 1 MO.	OVER ONE MONTH BUT UNDER 1 YR	UNDER 1 YR.
*1914	-	-	-	-	36.9	59.9	96.8
1917	-	-	-	-	38.9	48.9	87.8
1920	-	-	-	-	38.7	46.0	84.7
1923	-	-	-	-	36.0	32.0	68.0
1926	-	-	-	-	35.5	36.4	71.9
1929	-	-	-	-	34.2	28.4	59.6
1932	-	-	-	-	25.5	16.7	42.2
1934	11.9	9.5	21.4	5.8	27.2	18.0	45.2
1937	9.7	6.7	16.3	5.5	21.8	15.7	37.5
1940	12.4	8.4	20.8	3.9	24.7	10.4	35.1
1943	9.2	8.3	17.6	3.8	21.5	9.4	30.9
1946	11.6	9.5	21.2	2.6	23.8	7.2	31.0
1949	8.6	10.0	18.6	3.4	21.9	7.1	29.0
1950	8.7	9.7	18.4	3.3	21.8	5.3	27.1
1951	10.4	8.7	19.1	2.6	21.8	5.3	27.0
1952	9.1	9.3	18.4	4.0	22.4	6.6	29.0
1953	8.1	9.9	18.1	2.8	20.8	5.0	25.8
1954	11.2	7.2	18.3	3.2	21.5	7.1	28.6

* BREAKDOWN UNDER ONE MONTH NOT RECORDED UNTIL 1934

SANITARY DIVISION
Edward A. Smith, Chief Sanitary Inspector

Although the major portion of our activities which covered Slum Clearance of residence rehabilitation, was transferred over the year to the Division of Inspectors, the Health Division maintains a staff of 9 inspectors, mostly motorized to investigate sanitary complaints and to insure sanitary conditions by enforcement of the Sanitary Code.

This group also regulates rodent and vermin extermination and supervises fumigation with dangerous gases. They also carry out the rabies phase of dog control by investigating all animal bites, quarantining the biting animal and determining freedom from rabies.

Sanitation

Hearings held (No. of cases)	576	Nuisances confirmed	5696
Cases Prosecuted	150	Notices Served	5685
Convictions	108	Abatements	4709
Total inspections	30,557		
Complaints investigated **	5,222		

** Investigation of 90 complaints proved to be unjustified.

The nuisances confirmed included hundreds of different conditions. The largest in number were the following:

Heat (Insufficient or defective Equipment)	767	Dog-Cat Conditions - Barking filth, odors, etc ----	1127
Insanitary Housekeeping - -	159	Defective walls-ceilings, etc	211
Overcrowding (Insuff airspace)	207	Rodent - Vermin Infest.	272
Accumulations Garbage-refuse,	1 35	Weeds	85
Garbage cans (Insuf-Improper)	426	Cellar sleeping	78
Sewage - Accumulation, etc.	65		

Licences & Permits: After inspection and approval, following permits were granted
Ice Trucks 142 Refuse trucks 51 Peeding fowl 142 Animal permits 2

Fumigation Control

Extermination and other procedures by use of dangerous gas is limited to licensed fumigators who must pass a written examination. Every fumigation is then supervised.

Rummage Sales	151	Structure Demolitions	159
Factory & Brewry	34	Rodent & Insect Insp	398
Vaults	36	City & Priv. Dump "	10
Freight Cars	8	Total such inspections	567

Rabies Control

The same group of inspectors investigates all animal bites (which must be reported), they quarantine the biting animals for 10 days. If animal is well at end of that quarantine, they are released and it proves the animal did not have rabies or the infectious state at time of biting. The bitten person in that case does not need the Pasteur treatments (which we provide free for Newark residents when animal has been found to be Rabies infectious).

During the year 2115 bites were investigated--1910 dogs--146 cats--59 other animals. No biting animal proved positive for rabies and therefore no Pasteur treatments needed.

Dog Control (Licensing-stray dog control etc.)
Lawrence Rogers, Supv. Dog Control

Prior to 1954, the picking up of stray dogs (All dogs in public must be on a leash) was carried out by the Humane Society. In 1954 this arrangement was changed and greatly improved. The Health Division secured 2 dog ambulances of its own, operated by 4 dog wardens (dog catchers). The Humane Society is paid aproximately $11,000 per year to supply housing and feeding for all animals picked up by us or brought by owners to be disposed of, etc. The Shelter contract, as well as the cost of trucks, equipment and all expenses other than salaries are more than covered by the dog license fees. (See financial report page)

Dog Licenses issued	$2.25 each		11,636
"Seeing Eye" dog licenses (free)			4
Pet Shops Licensed	16	Kennel Licenses	4

The City pays the state 25¢ out of each license fee and the State provides free Rabies Vaccine. The City offers free rabies vaccination for each licensed dog, and pays the Veterinarians special low fee of 50¢ for each vaccination. Only by popularizing the annual vaccination of dogs, can we feel confident that our present freedom from Rabies will continue. It is now 7 years since rabies occured here but in 1916 we had 34 rabid dogs and 21 persons underwent Pasteur treatment. The compulsory leashing of dogs (all year) was invoked at that time. Under the free vaccination arrangement 2409 Newark dogs were vaccinated this year. We hope to increase the number.

These ambulances during the year picked up 2971 unleashed dogs and also picked up 1 96 stray cats. Owners of dogs picked up may redeem them from the Shelter upon payment of a small fee to the City. During year 1062 dogs were so redeemed. The City Sanitation Department trucks pick up dead animals at the Shelter or on the street. Dogs are destroyed if not redeemed in a reasonable time. Those trucks picked up 8,93 dead cats and 6573 dead dogs during the year.

FOOD AND DRUG BUREAU

Joseph E. Connolly, Ass't Health Officer — David B. Morgan, Chf Inspector

Michael Carson, Ass't Chf Insp.

This Division supervises establishments and places where foods, drugs and cosmetics, other than meat) are manufactured, prepared, produced, compounded, packed, handled, stored, transported, distributed or sold, including the milk supply. This requires periodic inspection of all plants handling milk and milk products and a reasonable percentage of dairies supplying same, both inside and outside the State. There are six inspectors assigned to this work and one additional inspector takes milk samples and other specimens for Bacteriological and Chemical Analysis. Another inspector inspects Ice Cream Plants and takes Ice Cream samples for analysis.

This Division works in close cooperation with the U. S. Food and Drug Administration [illegible] State Department of Health in the enforcement of both the Federal and State Food, Drug and Cosmetic Acts through periodic inspections, sampling and examination of food, drugs and cosmetics.

Our City Inspection and Control work includes all types of establishments where foods, drugs and cosmetics are handled or sold to determine whether they are operating in a sanitary manner and complying with City Health Ordinances, Federal and State Laws. Periodic [illegible] inspections are made. At times, swabs are taken of equipment used in the handling of foods to determine cleanliness. Chemical and bacteriological samples of foods, etc., are taken to determine standards compliance.

Inspections covered the requirement of hot running water at a temperature of 130°F. for washing purposes and 170 F. for sanitizing of all multi-use utensils in eating and drinking establishments.

Our Foodhandler Lecture Courses during the year were again attended by approximately 1,800 operators and workers in Food Establishments. We feel that the attendance of these food workers at these courses is of great assistance in insuring sanitary conditions in food establishments.

Considerable progress was made during the year by several city units and the State Department of Health in the reciprocal Milk Quality Control program. We feel that this program will eliminate duplication of inspection and expect to have it in operation in the near future.

CITY INSPECTION

WHERE FOODS ARE PREPARED OR COOKED	PLACES	INSPECTIONS
Restaurants, Lunchrooms	952	5759
" in Taverns	459	2091
" in Confection	246	549
" in Delicatess	56	38
" in Drug Stores	43	101
Bakeries	662	731
Miscellaneous Plants	75	417
Total City Inspections		18,237
Notices Served		2604
Notices Abated		2281
Complaints Investigated		449

OTHER FOOD ESTABLISHMENTS	PLACES	INSPECTIONS
Taverns	522	1887
Confectioneries	572	1265
Grocery & Delicatessen	1274	3945
Produce	308	268
Drug Stores	182	205
Miscellaneous	575	841
Special Investigations		180
Cases turned in for Legal Action		101
Hearings on violators		54
Misc. Food samples taken		333

Condemnations during year included 6751 cans 88 packages and 250 lbs of various foods.

Glass and utensil swab samples for Bacteriological examination - 791. These samples were examined for bacteria count and B.Coli and continued to show improvement over former years, including many sterile plates.

MILK & DAIRY INSPECTIONS

Inspections Report	Insp.	Re-Insp	Total	Excluded
Pasteurizing Plants	195	24	219	5
Receiving Plants	292	10	302	0
Dairies	9053	484	9537	144
Ice Cream Plants	261	0	261	0
TOTALS	9801	518	10319	149

Milk Condemned - 29,705 Qts

* * *

Estimated Daily Milk Consumption of Newark (per capita) 1.04 pints
(Pop. 443,000) Daily Consumption 230,175 qts.

* * * *

Dairy Products Sampling				
Milk Samples (Bacteriological	2,498;	Chemical	3035*)	5,533
Cream Samples "	386;	"	291	677
Ice Cream Samples "	305;	"	267	572
				6,782

*All 3035 Chemical Milk Samples were Phosphatase Tested to determine proper pasteurization. All were satisfactory.

OCCUPATIONAL CLINIC

William T. Rumage, Physician-in-charge

This clinic has for years supervised examinations required by ordinance of all food handlers and domestics. During recent years, however, it was found that among food handlers we found very few unsuspected syphilis cases and they had all reached the non-infectious stage, and few unsuspected tuberculosis cases, therefore, the ordinance was amended eliminating the need of physical examinations for food handlers and substituting a compulsory health instruction course for such workers. The clinic, therefore, examines mostly domestic employees who must still be examined annually and secure health cards. This examination includes chest x-ray for possible tuberculosis, blood test for syphilis, and an oral test for Vincent's Angina. Positive cases found are referred to the Chest Division and Venereal Disease Division for follow-up, and to the Dental Clinic or private dentist if positive for Vincent's Angina. Temporary cards are given until clinic is advised that the patient is cured or is not infectious.

During the year 2,148 domestics were examined and received health cards including 375 examined by private physicians. Temporary cards were issued, including 14 tuberculosis and 73 for Vincent's Angina. 264 were rejected for venereal disease. All of these were either cured quickly in the case of gonorrhea or were approved for cards as non-infectious in the case of syphilis and tuberculosis.

During the year 64 taxi-drivers and 38 beauticians were also examined, as such examination is required by State Law. Most such employees secure the examination by private physicians.

VETERINARY MEAT INSPECTION DIVISION

JOHN J. DEVINE, V.M.D.
Chief Veterinarian

JOSEPH H. HEARL
Chief Meat Inspector

This division is responsible for the inspection of meat and meat products, poultry and fish, as to wholesomeness and fitness for food. We inspect abattoirs, meat processing and poultry slaughterhouses, and wholesale and retail plant outlets and stores. We also inspect the commissaries of restaurants, lunch rooms, meat and fish trucks and loading platforms for poultry, and meat freight cars. It inspects all deliveries of meat, fish and poultry to all City institutions. This work is carried out by a staff of veterinarians and trained meat inspectors with State licenses.

All dressed meats offered for sale in Newark must be slaughtered under U.S. Meat Inspection Service, our own veterinarians or lay meat inspectors and veterinarians of communities with approved adequate meat inspection.

The City of Newark, N. J. Meat Inspection Service is identified with some forty-five meat processing establishments licensed by this division.

A Newark meat inspection legend with identifying number is stamped on all products processed in these establishments, where the products are checked for control of temperature, formula compliance, adulteration of meat, and the comminuting, mixing, drying, curing, smoking and cooking of products.

Over 15 million pounds of processed, ready-to-eat meats were manufactured under direct supervision of this division and sold throughout the State of New Jersey.

Late in 1954 a program was inaugerated requiring that all poultry and poultry meat products offered for sale as eviscerated or, "ready to cook" be properly inspected at the source of processing.

FOLLOWING ARE WORK STATISTICS for 1954

Inspections & Reinspections (18,718)

Abattoirs	108	Wholesale Live Poultry	1,512
Wholesale Meat & Dressed Poultry	395	Truckloads of Poultry	2,332
Loading Platform	24	Wholesale Fish	36
Commissaries	58	Provision Mfg. Plants	3,291
Refrigeration Plants	66	Retail Establishments	10,459
City Institutions & Ice Boxes	437	Total	18,718

Condemnations 35,618 lbs. of live poultry and 7,633 lbs. of meat products.

Approved over 400,000 lbs. meat, poultry and seafood in our City Institution inspections.

Samples for analysis	1,652
Complaints investigated	134
Notices served	138
Abatements	112
Court cases (fines $4,345.)	100

License Fees ($4,025.00)

Poultry Slaughter House	$780.00
Meat Jobbers	315.00
Meat Plants	2,830.00
Live Poultry	80.00
Total	$4,025.00

COMMUNICABLE DISEASE DIVISION

Dr. Joseph W. Gardam, Physician-in-Charge — William S. Jennings, Chief Inspector

The work of the Communicable Disease Division consists of:

1. Those efforts to control disease when it occurs
2. Prevention
3. Diagnostic aid where desired on the part of the physician
4. Culture collecting

1. In the first category, the work is done by Sanitary Inspectors licensed by the State and trained in epidemiological studies to determine the source of infection and to prevent spread.

TYPHOID CARRIERS are declared as such by the State Department of Health, and of necessity we must maintain supervision of these people to prevent an outbreak of this disease. To this end, each person so afflicted is visited periodically, and a careful check-up insures that these people do not accept employment in occupations which will make them hazardous to the general public. At the same time, it keeps them conscious of their affliction and insures against carelessness on their part, and change of residence without informing us.

For several years we have been making severity study in every case of WHOOPING COUGH. By simple instructions to the mother, we can classify each case as being mild, moderate, or severe. In many instances, protection is complete, but many cases occur in spite of immunization. However, severe cases among the immunized, are fewer than in the non-immunized group, byfar.

2. The preventative work is largely covered by the Immunization program which starts soon after the birth of a child and is carried forward until the individual is through with high school. It covers vaccination and original immunization against Diphtheria, Whooping Cough and Tetanus, as well as reactivation "Booster" treatments every three years.

The immunization program has been pushed this past year with 16,778 home visits having been made.

IMMUNIZATION RECORD - WHOOPING COUGH & DIPHTHERIA
(Note outstanding cooperation by private physicians)

	WHOOPING COUGH			DIPHTHERIA		
	Private Doctor	Health Clinic	TOTAL	Private Doctor	Health Clinic	TOTAL
1941	0	4161	4161	2380	2004	4384
1943	1095	2819	3914	4593	3074	7667
1945	4542	3052	7594	6084	3052	9136
1947	6046	3324	9370	6787	3324	10110
1949	5616	3352	8967	5849	3352	9201
1951	3836	2202	6038	3838	2202	6040
1953	4886	3377	8263	4885	3377	8262
1954	5302	3629	8931	5302	3629	8931

3. From the diagnostic point of view, we offer specially trained physicians where diagnosis is difficult or in doubt, on request of family physician.

4. This specialized work takes place 7 days a week. Specimens for diagnosis are left by physicians at culture stations throughout the city where they are picked up promptly and delivered to the laboratory for examination.

During 1954, a number of changes affecting the work of this division have occurred. We have met these changes in a realistic manner and covered the situation adequately.

INFECTIOUS HEPATITIS: Infectious Hepatitis, including Serum Hepatitis became reportable June 22, 1953. As the physicians became aware of this situation, more cases were reported, so that in 1953, 9 cases were reported, and for the year 1954, there were 56 cases. This disease is of importance because of the prolonged convalescence following an attack.

GERMAN MEASLES, CHICKENPOX, AND MUMPS are no longer reportable. Consequently, no figures for these diseases are available for this last year. This step is in line with modern procedure.

DIARRHEA OF NEW BORN: The revised State Sanitary Code, calls for reporting of Diarrhea of the New Born. This covers the period up to one month of age, and any loose bowel movements occurring in children of this age group must be reported forthwith to the department for investigation. Inasmuch as this can be dangerous to life, it is essential that we hear of these cases at the earliest possible moment so that we may take steps to control an outbreak in any hospital, home, or other institution where such cases may occur.

POLIOMYELITIS: There were 49 Poliomyelitis cases in 1954 against 34 for 1953. Incidentally, 85 cases were reported as Polio but only 49 were confirmed. Two deaths occurred - one at age 8 - and the other at age 23. As to age classification:

20	of	these	cases	were	under	5	years	of age
17	in	the	age	group	5	to	9	years
4	"	"	"	"	10	"	14	"
1	"	"	"	"	15	"	19	"
2	"	"	"	"	20	"	24	"
4	"	"	"	"	25	"	34	"
1	"	"	"	"	35	"	44	"

GAMMA GLOBULIN: This year large quantities of this material have been used and distributed by this department as a sub-agency of the State Health Department. The plan of usage layed down by the State, was, and is being strictly adhered to by this department. It has been used as a prophylactic in Poliomyelitis contacts, in Measles contacts, and in Infectious Hepatitis. In women who are pregnant, special stress has been laid upon the use of this material, and large doses have been given in order to protect the unborn child. A total of 838 - 2 c.c. doses, and 183 - 10 c.c. doses were distributed by this department for use in the City of Newark.

Your attention is drawn to a comparison of the figures for this and the preceding years which reveals many interesting highlights.

MORBIDITY REPORT	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	11 yr. Norm.
Diphtheria **	1	0	4	2	5	0	1	0	1	0	0	1
Scarlet Fever **	642	604	496	433	345	482	112	135	206	204	142	433
Typhoid Fever	3	18	2	4	1	0	2	0	4	1	1	1
Para Typhoid	0	1	2	1	1	1	0	0	0	1	0	1
Tuberculosis	585	495	575	528	538	536	526	513	480	529	511	528
Undulant Fever	1	5	0	1	3	1	3	1	0	0	0	1
Trichinosis	2	8	5	4	7	3	0	1	2	0	0	2
Lobar Pneumonia	707	732	686	502	452	458	423	351	268	188	171	452
Broncho Pneumonia	567	545	623	494	629	654	593	489	542	451	322	545
Epidemic Meningitis	118	52	32	21	10	8	9	11	10	18	8	11
Infantile Paralysis **	29	50	19	17	31	99	49	22	29	34	49	29
Whooping Cough ***	294	765	1089	1373	288	486	761	296	218	258	237	296
Measles	3142	191	11392	454	6247	5782	2370	3536	11090	262	3434	3434
Erysipelas	62	53	53	40	28	24	25	9	27	11	6	27
Vincents Angina	1173	1568	1207	1168	1194	1148	455	631	275	65	120	1148
Ophthalmia Neonatorum	47	68	44	46	45	62	5	5	2	2	3	44
Puerperal Fever	4	1	0	2	0	1	0	0	0	0	0	0
Sysentery (Amb.)	2	2	0	0	4	0	0	1	0	0	0	0
Tetanus	2	0	2	1	1	0	0	2	1	0	1	1
Influenza	75	109	57	45	35	32	53	66	35	59	30	45
Malaria	56	86	46	9	2	0	4	0	3	3	1	3
Virus Pneumonia #	-	-	79	48	58	58	76	60	25	30	29	58
Strep Sore Throat#	-	-	16	24	20	18	6	2	6	0	4	6
Epilepsy #	-	-	48	46	48	28	15	34	31	28	28	28
Infectious Hepatitis	- - - - - - - -			Not reportable until 1953						9	56	58

Not reportable until 1946
** Placarded
*** Arm band required

CITY DISPENSARY

Melvina Ryan, R.N., Director of Public Health Nurses - Oscar S. Stevens, Chief Pharmacist

The Medical Deputy Health Officer provides the medical supervision.

The City Dispensary provides clinic treatment for medically indigent as well as those on relief. Home Medical Care is also provided by doctor calls and paid for by the Relief Department for patients actually on relief and by the Health Department for those not on relief but unable to pay. The patient is given free choice of physician. The clinic treatments of the sick poor do not include approximately 10,000 venereal disease treatments, 50,000 tuberculosis and cardiac examinations and treatments, nor the examination of 1,000 domestics. That is more truly preventive medicine and is reported upon elsewhere in other divisional reports.

There were 69,044 free treatments during the year for 22,418 different patients. This is about 3,000 more than our treatment load for 1953, but far higher than the low point of 24,000 in 1945 and 36,000 in 1947.

Free prescriptions for patients at Clinics or visited by physicians at home, totaled 57,856. This is about 2% increase. The pharmacy also supervises distribution to Clinics and private doctors of free immunization material and testing material such as vaccine points, toxoids for diphtheria, whooping cough and tetanus (usually combined in one material), schick test, typhoid vaccine, measles immune globulin, typhoid, etc., as well as cod liver oil for our Well-Baby Stations.

The Dispensary has a small staff of medical social workers who check on ability to pay. Spot-check home visits are made, especially for doctor visits to the home. With doctor visits we must naturally send a physician first, and if the doctor suggests ability to pay, we investigate and bill, if not eligible. No future calls are paid for ineligibles; 1075 such refusals in 1954.

In addition to interviews at the Clinic they made 3996 home visits. About 30% of the patients handled are relief clients. When there is a decrease in free medical care due to improved economic conditions, there is great reduction in the relief group but an increase in the medically indigent. In recent years, the percentage of relief clients has been as high as 40%. Many graduate from total indigency to a slightly higher status but still below ability to pay for medical care.

HOME CARE OF THE SICK - Doctors made 4,955 calls to the medically indigent paid for by the Health Department at an average cost of $3.40 per visit. ($3.00 for day calls - $5.00 after 11 P.M.) The Visiting Nurse Ass'n. made 4,205 home nursing visits for the sick. Of these, 442 were paid by the Relief Department and 3,763 by the Health Department, at 3.00 per call.

Our neighborhood Dental Clinics (for children only) now total nine. The main Dental Clinic treats children on 3 days and adults 2 days. (See dental report)

CLINIC TREATMENTS	1954	1953	1952
Medical	9,180	7,808	7,506
Children	3,505	2,246	2,238
Surgical	3,398	2,307	2,340
Gynaecology	751	480	503
Skin	5,054	4,423	4,340
Rectal	478	547	620
Gastro Intestinal	1,305	1,027	1,035
Orthopedic	1,590	1,526	1,139
Alpine Lamp	44	26	101
Massage & Electrical Therapy	1,383	1,521	1,007
Dental (Adults)	4,828	2,516	2,260
Dental (Children, N.C.D. & 9 Neighborhood Clinics)	31,404	19,710	18,366
Neuro Psychiatric	428	416	340
Essex County Hospital Paroless	103	31	55
Nervous Diseases	1,520	1,278	1,471
Mental Hygiene	73	235	406
Metabolic	1,462	1,281	1,199
Varicose Veins	690	683	798
Vaccinations	780	715	556
Immunization Tests	271	443	506
Insulin & other injections	2,588	3,262	2,767
Miscellaneous tests	999	3,939	3,341
Tumor	70	81	143
Eye	685	646	482
Chiropody	1,071	845	815
First Aid Station	161	544	836
Public Welfare Medical Center	1,916	1,788	1,886
Contagious Releases	1,787	2,410	2,902
Total CLINIC TREATMENTS N.C.D.	69,044	60,023	57,423
Individual Patients N.C.D.	27,418	24,914	24,228
Total Prescriptions	57,856	45,368	42,161
X-Ray Dental Films N.C.D.	12,818	7,773	3,975
X-Ray Chest Films 4x5 N.C.D.	5,597	4,710	3,946
X-Ray Chest Films 16x17 N.C.D.	1,062	808	887
Misc. Films (Various Clinics - N.C.D.)	4,444	3,432	2,061
Total X-Rays N.C.D.	23,921	16,723	10,869
Doctors Home Calls	4,955	5,269	5,874
Visiting Nurses Sick Calls	4,205	3,829	5,996

DENTAL BUREAU J.E.H. Guthrie, D.D.S., Dentist-in-Charge

Although the Dental Clinics have always been considered a part of the Dispensary, the work has gradually changed from a purely curative clinic, mostly for adults, to a preventive type of health activity. We now have one large clinic in the main Dispensary with four chairs (7 hours daily), three days for children and two for adults. In addition we operate nine neighborhood clinics for care of children's teeth. They are located in schools, housing projects and boys' clubs but serve all the children in both public and parochial schools where parents cannot afford to pay.

During 1954, the number of children treated increased from 5,590 to 6,728 and treatments from 31,000 to 36,282. Another development during the year was the securing of dentists specializing in endodontic and orthodontic care with two afternoon clinics for orthodonture. Sixty children were given 274 endodontic therapy treatments, [illegible] children were given orthodonture examinations, as a survey, of whom 2,743 or 51.9% were abnormal and parents advised. Our clinic treated only 37 of these and completed 24.

During the year, 392 cases of Vincent's Angina were treated.

Our dentists and nurses carried out the routine dental examination of parochial school children. One Assistant Dentist-in-Charge also supervises an Oral Hygiene program in those schools.

CHEST DISEASE DIVISION — Dr. Irving Willner, Director - Dr. James Jaso, Asst. Dir.
Frances M. Dlugosz, R. N. Supervisor

Mortality 15.3 - New Record Low

Tuberculosis mortality for Newark set a new low record for the eighth consecutive year, falling to 68 deaths from all forms of the disease and a rate of 15.3 per 100,000 as compared with 22.0 for 1953 a reduction of 30%. In fact mortality in the past eight years has dropped 74%. For the first time in the history of our division, we actually had one month (September) without a single death. If this rate, when our T.B. work started, had continued, over 800 would have died this year instead of 68. This decline in mortality is not coincident but largely due to our intensive control program of:-

1. Mass x-rays surveys throughout the city with spot checkups in areas where the tuberculosis incidence is high.

2. Tuberculin testing of children with x-ray and follow-up, not only of the positive reactors but of members of the families and other contacts.

3. Isolation of the open active cases.

4. Improved medical and surgical procedures of therapy. During 1954, we have intensified treatment with the new drugs and our nurses are administering dihydrostreptomycin in treating active cases at home. These injections are given not only to indigent and relief cases but to patients of private physicians who are unable to pay for the drugs.

5. Close supervision of all contacts.

6. Commitment of cases that refuse to co-operate and form a public health menace.

In addition to the above the general improvement of living standards and the city program for slum clearance form an essential prophylactic factor.

The battle against tuberculosis is far from won. Despite the falling death rate, which trend is noted not only in Newark but throughout the State, we realize that there are still hundreds of open cases not known to us. These individuals wander about infecting others by their coughing and spitting and account for the number of new cases discovered each year. Children are especially susceptible to infection and some die early of tuberculous meningitis, while others live and spread the infection. If every active case could be located, isolated and arrested this disease would practically disappear. Tuberculosis is still the leader among communicable diseases, and is responsible for more deaths than all other infectious diseases combined. Although tuberculosis has dropped to the seventh leading cause of death, it is still the leader among causes which are communicable. The disease continues to lead all causes of death in the 15-35 age group. The opportunity for recovery has never been better. Modern therapy with bed rest and the new weapons for controlling tuberculosis hastens the termination of infection. Treatment with the new bacteriostatic drugs used singly or in combination, not only will rapidly control spread but also check progress of the disease. Surgical procedures can be utilized to remove diseased portions or to give rest to the infected lung. These procedures reduce the number of cases that would have died.

Good economy, improved sanitation and slum clearance assist in lowering the death rate. Spread takes place where there is frequent exposure and intimate contact. This is demonstrated among the Negro population, a large portion residing in the slum sections of the City. The mortality rate has been much higher for this group than among whites and at times, eight times as high as in 1938 when there was a rate of 304.6 per 100,000 as compared with 37.1 for whites. The new low Negro death rate is 45.0 per 100,000 as compared with 8.8 for whites per 100,000. (Note the reduction of 85% in that group in 16 years)

MORBIDITY During 1954, 511 new cases of tuberculosis were located.

MASS X-RAY SURVEYS During 1954, a mass x-ray survey was conducted in Newark concentrating on the areas where the highest incidence of tuberculosis was located as determined by our records and previous experience. Two mobile units were used from October 18 to November 12, and 8,811 plates were taken. In addition spot checks were made from time to time. The Essex County Tuberculosis League used portable units in several schools of our City. If we consider that the x-rays taken at the City Dispensary (where every admission regardless of diagnosis must have a plate of his chest) the Board of Education, Industrial Hygiene Division, many large industrial plants who x-ray all their employees, hospitals, clinics and private physicians, we can conclude that a great proportion of our population was screened during the past year.

Unknown cases continue as the outstanding problem of control. They graphically demonstrate the problem of the open active spreader infecting the general population that is not recognized, treated or controlled. During the past year 22% of all deaths were not known to us during their life span. Comparing records over the past ten years we realize that about (25-33 1/3%) who died of pulmonary tuberculosis continued years of infecting, spreading and creating new cases without any opportunity for us to isolate or regulate.

PNEUMOTHORAX TREATMENTS There were 299 treatments given during 1954 as compared with 155 in the previous year. This form of therapy is now on the decline due to better results being obtained with the antibiotics.

CLINICAL EXAMINATIONS There were 10,878 examinations as compared with 8,228 for 1953 demonstrating our effort in examining not only known cases of disease but also their contacts.

X-RAYS In our Chest Clinic 10,184 x-rays were taken and 309 examined from other clinics. The number of fluroscopic examinations was 1,509 as compared with 924 during the past year, emphasizing our careful examinations of suspected cases. Tuberculin tests were done on 710 children. These figures do not include intensive tuberculin testing in our parochial and public school systems. For summer camps, 449 children were examined.

NURSING ACTIVITIES Visits to homes made by nurses during the past year were 29,947, including not only active and suspicious cases that numbered 21,293, but also 22,826 contacts. Antibiotic therapy was given to bedridden cases while waiting to go to the sanatorium. As soon as a diagnosis of active disease is made therapy is instituted and nurses give the injections of dihydrostreptomycin. This is demonstrated by 1,241 injections given in the homes during the past year, and in our clinic 412 injections were administered to ambulatory patients. Lectures to students from various hospitals in and about the city, on prophylaxis, diagnosis, care and therapy of pulmonary disease has been given by our supervisor. Instructions in public health and field nursing to affiliates from several hospitals has been a regular procedure. We have innovated the use of male nurses in ourfield work, and this program was instituted during the past year.

CARDIAC DISEASE CONTROL During the past year 4,274 examinations were made in our Cardiac Clinic. In addition, 865 electrocardiograms were taken and 5,088 injections of mercuhydrin given in treatment. The classification of cases under treatment is as follows:

Hypertensive	546	Unknown heart disease	15
Arteriosclerotic	179	Congenital	10
Rheumatic	49	Hypothyroid	3
Coronary (with myocardial infarction	42	Pericarditis	2
Syphilitic	30	Hyperthyroid	1
Pulmonary heart disease	18	Sarcoid heart disease	1
		No heart disease	136

HAY FEVER & ASTHMA Our Hay Fever and Asthma Clinic has been very active as 2,319 patients were examined and treated. Testing of allergic and asthmatic patients has been intensified, and given to many indigent relief cases.

CHEST DISEASE DIVISION - 1954

TUBERCULOSIS - WHITE AND NEGRO

Year	Population White	Population Negro	Reported Cases white	Reported Cases Negro	Deaths white	Deaths Negro	Morbidity White	Morbidity Negro	Mortality White	Mortality Negro
1948	395,000	50,000	313	224	129	103	79.2	448.0	32.7	206.0
1949	394,000	52,000	313	223	119	92	79.6	446.0	30.2	184.0
1950	393,000	50,000	278	245	110	98	70.8	490.0	28.0	196.0
1951	393,000	0,000	260	253	85	83	66.2	506.0	21.6	166.0
1952	390,000	5 ,000	233	240	72	79	59.7	480.0	18.2	158.0
1953	380,000	80,000	268	260	48	49	71.4	325.0	13.3	61.3
1954	363,000	80,000	245	264	32	36	67.5	330.0	8.8	45.0

1954 - 2 yellow cases reported

DEATHS (Lapse of time after report case)

No. Cases reported prior to death - within 1 year	27	-	40%
1 to 2 years	1	-	1
2 to 3 years	6	-	9
3 to 4 years	7	-	10
4 years & over	12	-	18
	53	-	78%
No. Cases reported after death	15	-	22%

DEATHS BY AGE GROUP 1948 to 1954 (7 year total)

Under 1 year	17	45 to 54 years	252
1 to 19 years	63	55 to 64 years	266
20 to 24 years	58	65 to 74 years	120
25 to 44 years	493	75 and over	33

DIVISIONAL WORK

Visits, Investigations by Nurses - 27,947

DIVISIONAL WORK - Continued

(Patient visits	21,293
(Contact visits	22,826
	44,119

Clinic Examinations - Adults and Children	10,878
Clinic Examinations - Cardiac	4,274
Clinic Examinations - Hay Fever & Asthma	2,319
X-Rays	10,104
Mercuhydrin Injections	5,088
Fluoroscopic Examinations	4,569
Electrocardiograms	865
Patch Tests	710
Camp Children Examinations	419
Pneumothorax Treatments	299

SANATORIA & HOSPITAL EXAMINATIONS

Verona - County Sanatorium Clinic	276
Glen Gardner - State Sanatorium Clinic	62
Soho - County Hospital Clinic	15

TUBERCULOSIS MORTALITY AND MORBIDITY RATE (ALL FORMS)

Year	Population	No. Deaths	Cases Reported	Mortality	Morbidity
1948	445,000	232	538	51.1	120.9
1949	443,000	211	536	47.6	120.5
1950	443,000	209	526	47.2	117.2
1951	443,000	169	513	38.1	115.8
1952	440,000	152	480	34.5	100.9
1953	440,000	97	529	22.0	120.0
1954	443,000	68	511	15.3	115.3

BUREAU OF CHILD HYGIENE

Dr. Julius Levy, Director - - - Meredith Ehrich, R. N., Supervising Nurse.

The infant mortality rate for 1954 was 28.6, an increase of 2.8 over 1953. This increase was partly due to the fact that there was a higher percentage of colored births in 1954 than in 1953. 22.5% of the total births in 1954 was colored, while in 1953 the colored births represented 20.7% of the total births. The neonatal mortality rate (deaths under one month) also showed a very slight increase - 21.5 for 1954 and 20.8 for 1953.

The mortality rate under one day in 1954 was 11.2, while in 1953 it was 8.1. The mortality rate over one day but under one week decreased from 9.9 in 1953 to 7.2 in 1954. There was a slight increase in the mortality rate under one week - 18.3 in 1954 and 18.1 in 1953. The mortality rate over one week but under one month increased from 2.8 in 1953 to 3.2 in 1954. The post-neonatal rate (deaths over one month but under one year) was 7.1 for 1954, while in 1953 it was 5.8.

The white infant mortality rate was 23.6 and the colored infant mortality rate 45.9. The white neonatal mortality rate was 18.3 and the colored neonatal rate 32.7. The post-neonatal mortality rate for white infants in 1954 was 5.3, for colored infants 13.2. The difference in rates indicates the great influence of poor socio-economic and housing factors among the colored.

The maternal mortality rate for 1954 was .9 per 1,000 deliveries, .2 higher than it was in 1953.

The nurses made 92,315 visits in 1954 to 19,047 babies under two years of age, 8,237 of whom were born in 1954. 3,428 babies attended the Baby-Keep-Well Stations during the Year, making a total of 12,970 visits.

During 1954 emphasis was increased in teaching mothers the emotional and mental development of children and the importance of what we call "Anticipatory Guidance". To this end we have had psychiatrists and psychologists lecture to our medical staff monthly on these subjects and have had classes along these lines for our new staff nurses and advanced classes for our older staff nurses.

Mental hygiene films, followed by discussion, have been shown both to the medical and to the nursing staff. This same type of film was shown to the parents of babies attending our Baby-Keep-Well Stations. These films were shown in a series - one film a month at three different Stations for three months - one series in the Spring and the other in the Fall. Each film-showing was followed by a discussion period thrown open to the parents and led by one of our staff physicians. They were fairly well attended, and the mothers (and some fathers who were present) showed considerable interest in the general topics under parent-child relationships. In the showing of these films we concentrated on the Housing Projects, as it seemed to us that the need there was greater than in other areas.

During 1954 there were 253 boarding homes studied* for licensing or renewal of license. Of this number 41 new homes were licensed, 122 licenses were renewed, 20 homes were rejected, 40 applications were withdrawn, and the licenses of 30 homes were not renewed. The report further indicates that the number of foster family day-care homes equals those of regular foster care homes, and an additional 6 homes provide both types of care.

For a number of years we have indicated the necessity for community action on the problems of unmet needs in day-care. The over-all day-care picture in Newark requires studying, as group care does not seem to be meeting the needs of all children and their parents. We have requested the Newark Council of Social Agencies and the Department of Public Welfare to concern themselves with this situation; to re-evaluate and explore the necessity for meeting present day-care demands in this field. Inadequate and

improper day-care of children who for various reasons cannot be cared for in their own homes undoubtedly contributes to maladjustment and juvenile delinquency.

Through the efforts of the Bureau of Child Hygiene there has been created a voluntary organization dealing with day camps to be known as the New Jersey Day Camp Association. The Organization membership at present is composed of day camp owners and operators in the North Jersey area. The purpose of the Organization is to promote and improve day camping standards in New Jersey.

It had been recommended at the June 1, 1954 meeting of the Summer Day Camp Directors that the Newark Division of Health continue to study and observe summer day camp programs not covered by the summary report of 1953. Accordingly, visits were made to 7 additional camps. The study of these camps was conducted by Mrs. Grace E. Malone, Social Service Representative, and Mrs. Edith D'Amato, Assistant Supervising Nurse of the Child Hygiene Bureau. The objectives were the same as those of the previous study, i.e., to obtain data on existing facilities and to observe and evaluate operations and programs. The study covered camp site, administration, equipment, personnel, education program, health program, nutrition, sanitation, safety, and transportation. The practices in these camps were found to be essentially the same as those mentioned in the previous report. The combined study covered visits to 15 camps. The total number of children enrolled in the 15 camps was 2,392, with an average daily attendance of 2,112. It is our opinion that this was a fair sampling of what is happening generally in the day camp field in the North Jersey area.

It was our belief, and that of the majority of the camp directors, that consideration should be given to a set of minimum standards - standards to be agreed upon and commonly used by camp directors and owners. Therefore, a committee was appointed to formulate day camping standards. The entire group (New Jersey Day Camp Association) meets monthly at the Division of Health to hear the progress reports of the committees and for other discussions. Our Social Service Representative acts as consultant to the group.

The major activity of the Social Service Representative for the Year was concerned with boarding homes and the inspection and supervision of day nurseries and child-care centers. Consultant and advisory services to individuals who wished to operate centers was another important phase of the work. In addition, case work service was given on family situations affecting the emotional and physical health and welfare of mothers and infants in families referred by child hygiene nurses. She also worked in cooperation with child-placing and family agencies in the community, and attended conferences and meetings in the maternal and child health field.

*See 1953 Annual Report for details regarding the evaluation and investigation of boarding homes.

Summary of Activities

Babies supervised (under one year)	- 8,237	- Nurses' visits to homes	- 92,715
" " (over " ")	-10,810	- Babies' " " Baby-Stations	- 12,970
Total different babies supervised	-19,047		

New boarding home licenses issued - 41; number renewed - 122; total licenses issued - 163
Applications rejected - 20; former licenses not renewed - 30.

Day nurseries, nursery schools, and day-care centers supervised - 23.

VENEREAL DISEASE BUREAU

Edmond Fielson, M.D., Physician-in-charge

After the levelling off in 1953 of the previous rapid decrease in the number of new venereal disease cases, there developed early in 1954, a modest rise in syphilis and gonorrhea cases presenting themselves for treatment. Analysis of this reversal reveals the following pertinent facts: Other large cities were reporting similar sudden uprisings in their venereal disease rates; our greatest number of cases were coming from specific sections of the city; most of the new cases were recent arrivals, living in a congested environment and subjected to influences aiding in the spread of these diseases.

A case finding program was formulated and carried out during the spring. At this time mobile blood testing groups canvassed the desired sections of the city and thousands of blood samples were taken. Every encouragement was given to come to our clinic for check-ups to reveal other venereal diseases.

As a result of this program a great many new cases of venereal diseases were detected and treated. Had these new cases gone unattended, the number of active venereal cases would have increased. Likewise it must be realized that continued vigilance is necessary lest these hidden foci suddenly erupt in full scale venereal disease outbreaks.

It is planned that in the coming year certain new advances in treating the venereal diseases will facilitate the handling of these cases to the point where the treatment time and number of clinic visits necessary can be made to fit easily the schedule of all who require such therapy.

The skin clinic supervised by this bureau continued to show a rise in the number of new patients and in the total number of treatment visits. With a public health point of view in mind special attention was devoted to those skin diseases prevalent in children and spreading endemically in schools. New treatments devised in our skin clinic and popularized over the country have appreciably curtailed the incidence of these infective diseases and have more rapidly brought cures to those infected with them.

Investigations are still progressing in an attempt to further improve the available methods of caring for these conditions by devising new regimes and by utilizing new drugs.

CLINIC REPORT		1951	1952	1953	1954
SYPHILIS	Total New Patients	226	247	244	602
	Total Patients Treated	4691	3309	2578	4006
	Treatments Given	5320	3911	3413	8236
	New Cases Reported from Newark	1932	600	469	818
	Patients Dismissed-Arrested or Cured	1123	1012	779	1119
	Patients put on Rest	676	383	326	379
GONORRHEA	New Patients - Male	935	987	758	912
	New Patients - Female	299	281	297	226
	Total New Patients	1234	1268	1055	1138
	Patients Treated - Male	3343	3600	1265	1127
	Patients Treated - Female	2248	2343	1394	1161
	Total G.C. Patients Treated	5591	3457	2659	2288
	Total Visits G.C.	5615	5949	6255	6368
SOURSES of INFECTION	Named	906	1356	1179	1153*
	Found and Examined	632	1108	1029	543*
	Found Infectious	187	314	329	226

SKIN CLINIC 1953 New Cases - 1432 Treatments - 4427
1954 New Cases - 1598 Treatments - 5084

Many named sources investigated were found not to be in our jurisdiction.

PAROCHIAL SCHOOLS

Mary J. Hoban R.N., B.S., M.A.
Supervisor of Public Health Nursing

The Health Division provides medical inspection, health education and better service for approximately 15,600 primary and secondary school children in the thirty local parochial schools.

The child whose physical and emotional problems are solved is happier and more apt to develop school potentialities. A staff of physicians and nurses provides this examination, advisory and directive work, working cooperatively with the families, the school personnel, family physicians, dentists and Dispensary clinics in order to attain their goals. In addition to annual physicial examinations by the nurses, all new children, and those in the first, fourth, eighth, tenth and twelfth grades, are examined by the physicians each year. The nurses follow up defects found so that they may be corrected or remedied as soon as possible. The teachers also help and are often the first to detect signs indicating trouble -- the tired, irritable or restless child.

The work is aided by teacher-nurse conferences. These problems affect the academic success or failure of thousands of children. A cumulative health record, including size, weight defects, etc., is kept for each child. The family physician or clinic makes the diagnosis and prescribes treatment. To do this, he must see and examine the child. The parents are made aware of these health needs, either through home or school conferences. The nurses made 452 phone calls to parents, conferred with 2,817 at school, made 533 home calls, and wrote hundreds of notes to parents about their children's problems. As a result, hundreds of children received remedial care either by their own physicians or dentists or at clinics.

Families who are medically indigent are referred to the free Dispensary clinics. Those who can afford to pay a small fee are referred to the various hospital clinics.

The health of the school child is considered in all its aspects physical, mental, spiritual, emotional and social. Families needing assistance are guided to the proper social agency. The Health Division Medical Social Worker helps with difficult problems.

All children must be vaccinated against Smallpox and immunized against Diphtheria, and Diphtheria re-immunization is urged every four years until ten years of age. 1,490 such Diphtheria "booster" doses were given in schools. Our children are almost 100% protected.

The nine neighborhood Health Division Dental Clinics, which care for both public and parochial medically indigent school children, are used extensively (5,083 of our children during the year).

Although the nurses periodically screen-test all children for vision, using the Snellen Eye Charts, two parttime Optometrists check all fourth-grade children with "Massachusetts Vision Testing Machines." Parents are advised

of all visual defects so they may consult a qualified practitioner or the Dispensary Eye Clinic. Glasses for medically indigent are obtainable from the Board of Education Eye Clinic.

Nurses with collegiate preparation in the techniques of audiometry screen the hearing of all children in the first, fourth, eighth grades and all other children who are suspected of having a loss of hearing. Family is advised of hearing defects. Those children unable to pay are referred to the Eye and Ear Hospital, others to family physician. The nurses screen the hearing of all the other children by the "Whisper" or the "Watch tick method."

During the past year, 3,635 high school, eighth and first grade children were Tuberculin patch-tested. Of this group 162 children were found to have positive reactions. The positive reactors were referred to the Division's Chest Disease Bureau for x-ray and medical supervision.

A home nursing program is conducted in the secondary schools; classes of senior high school girls are instructed on "Home Care of the Sick" for which they receive health credits for their scholastic record. Those nurses who teach those classes are qualified through basic collegiate preparation which is supplemented by in-service training in "Methods of Teaching," which is given them by the Newark Red Cross instructor of Teacher-Nurses.

Lectures in health education are given by the nurses to students in the secondary schools. Class talks on various aspects of health are given by all the nurses to children in the elementary schools. They also speak to parent-teacher groups about various health problems.

In recent years, there seems to be an increase or a greater awareness of emotionally disturbed children. The teach approach to solve those problems is used in which the principal, the teachers, the school nurse and the parents work together to give special help. More difficult-to-handle cases are referred to a Child Guidance Clinic if unable to pay for private care. The County Child Guidance Clinic facilities are available to parochial school children.

SUMMARY OF SCHOOL HEALTH ACTIVITIES

1 - Growth survey work including height, weight, screening of hearing and vision, inspection of teeth, skin, personal hygiene, etc. (nurse examinations)	17,065
2 - Examinations by physicians at school or by private or clinic physicians at nurses' request	12,698
3 - Examinations and treatments given by the private or clinic dentist	5,083
4 - Class inspections and talks given by nurses (total number of children)	35,614

5 - Office conferences by the nurses with principals, teachers, parents, children or others 28,286

6 - Home calls and phone calls 985

7 - School exclusions for various reasons 2,242

8 - Other health services such as vaccinations, immunizations, patch tests, first aid, Audiometric tests, eye tests, etc. 17,648

9 - Home nursing classes conducted in secondary schools (approximately 20 students in each class) 330

10 - Health Lectures given by nurses in secondary schools and at parent-teacher meetings 148

	Defects found	Defects remedied and corrected
Dental	6129	5083
Vision	1149	907
Skin	778	589
Nose and Throat	877	648
Cardiac	161	121
Pediculosis	965	478
Nutrition	489	179
Personal Hygiene	433	349
Ear - Hearing	162	71
Others: such as speech, poor posture, behavior problems, orthopedic, etc.	1303	565